



#### 4. Site Address Details

Please provide the full postal address of the application site.

Unit:  House number:  House suffix:

House name: EASTMAN DELFTON MUSEUM

Address 1: 256 GRAYS INN ROAD

Address 2:

Address 3:

Town: WIMBORNE

County:

Postcode (optional):

Description of location or a grid reference. (must be completed if postcode is not known):

Easting: WCIX8LD Northing:

Description:

#### 5. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?  Yes  No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible:

Officer name: MR ALAN WITO

Reference:

Date (DD/MM/YYYY):  (must be pre-application submission)

Details of pre-application advice received?

#### 6. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway?  Yes  No

Is a new or altered pedestrian access proposed to or from the public highway?  Yes  No

Are there any new public roads to be provided within the site?  Yes  No

Are there any new public rights of way to be provided within or adjacent to the site?  Yes  No

Do the proposals require any diversions /extinguishments and/or creation of rights of way?  Yes  No

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawings(s)

#### 7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste?  Yes  No

If Yes, please provide details:

Have arrangements been made for the separate storage and collection of recyclable waste?  Yes  No

If Yes, please provide details:

#### 8. Neighbour and Community Consultation

Have you consulted your neighbours or the local community about the proposal?  Yes  No

If Yes, please provide details:

#### 9. Council Employee / Member

Is the applicant or agent related to any member of staff or elected member of the council?  Yes  No

If Yes, please provide details:

### 10. Demolition

Does the proposal include the partial or total demolition of a listed building?  Yes  No

If Yes, which of the following does the proposal involve?

- a) Total demolition of the listed building:  Yes  No
- b) Demolition of a building within the curtilage of the listed building:  Yes  No
- c) Demolition of a part of the listed building:  Yes  No

If the answer to c) is Yes:

i) What is the total volume of the listed building?(cubic metres)	
ii) What is the volume of the part to be demolished?(cubic metres)	
iii) What was the (approximate) date of the erection of the part to be removed? (MM/YYYY) (date must be pre-application submission)	1/1/11

Please provide a brief description of the building or part of the building you are proposing to demolish:

*[Handwritten: H/A]*

Why is it necessary to demolish or extend (as applicable) all or part of the building(s) and or structure(s)?

*[Handwritten: H/A]*

### 11. Listed Building Alterations

Do the proposed works include alterations to a listed building?  Yes  No

If Yes, do the proposed works include: (you must answer each of the questions)

- a) Works to the interior of the building?  Yes  No
- b) Works to the exterior of the building?  Yes  No
- c) Works to any structure or object fixed to the property (or buildings within its curtilage) Internally or externally?  Yes  No
- d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)?  Yes  No

If the answer to any of these questions is Yes, please provide plans, drawings, photographs sufficient to identify the location, extent and character of the items to be removed, and the proposal for their replacement, including any new means of structural support and state references for the plan(s)/drawing(s):

*REDUCING HEIGHT OF COUNTER TOP TO RECEPTION HEIGHT TO COMPLY WITH DDA FOR WHEELCHAIR USERS*

### 12. Listed Building Grading

Please state the grading (if known) of the building in the list of Buildings of Special Architectural or Historic interest? (Note: only one box must be ticked)

- Grade I  Ecclesiastical Grade I
- Grade II\*  Ecclesiastical Grade II\*
- Grade II  Ecclesiastical Grade II
- Don't know

### 13. Immunity From Listing

Has a Certificate of Immunity from Listing been sought in respect of this building?

- Yes
- No
- Don't know

If Yes, please provide the result of the application:

*[Empty box]*

### 14. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Difference in spaces
Cars			
Light goods vehicles/ public carrier vehicles			
Motorcycles			
Disability spaces			
Cycle spaces			
Other (e.g. Bus)			
Other (e.g. Bus)			

*[Handwritten: H/A]*

### 15. Materials

Please provide a description of existing and proposed materials and finishes to be used in the building (demolition excluded):

	Existing (where applicable)	Proposed	Not applicable	Don't Know
External walls			<input type="checkbox"/>	<input type="checkbox"/>
Roof covering			<input type="checkbox"/>	<input type="checkbox"/>
Chimney			<input type="checkbox"/>	<input type="checkbox"/>
Windows			<input type="checkbox"/>	<input type="checkbox"/>
External doors			<input type="checkbox"/>	<input type="checkbox"/>
Ceilings			<input type="checkbox"/>	<input type="checkbox"/>
Internal walls	MARBLE TILE	MARBLE TILE TO MATCH EXISTING	<input type="checkbox"/>	<input type="checkbox"/>
Floors			<input type="checkbox"/>	<input type="checkbox"/>
Internal doors			<input type="checkbox"/>	<input type="checkbox"/>
Rainwater goods			<input type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)			<input type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard standing			<input type="checkbox"/>	<input type="checkbox"/>
Lighting			<input type="checkbox"/>	<input type="checkbox"/>
Others (add description)			<input type="checkbox"/>	<input type="checkbox"/>

Are you supplying additional information on submitted drawings or plans?  Yes  No

If Yes, please state plan(s)/drawing(s) references:

2020/01 2020/2 2020/18

### 16. Foul Sewage

Please state how foul sewage is to be disposed of:

- Mains sewer  Cess pit  
 Septic tank  Other  
 Package treatment plant

Are you proposing to connect to the existing drainage system?  Yes  No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

*HA*

### 17. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

Yes  No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 30 metres of a watercourse (e.g. river, stream or beck)?  Yes  No

Will the proposal increase the flood risk elsewhere?  Yes  No

How will surface water be disposed of?

- Sustainable drainage system  Existing watercourse  
 Soakaway  Pond/lake  
 Main sewer

### 18. Biodiversity and Geological Conservation

Is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

- Yes, on the development site  
 Yes, on land adjacent to or near the proposed development  
 No

b) Designated sites, important habitats or other biodiversity features:

- Yes, on the development site  
 Yes, on land adjacent to or near the proposed development  
 No

c) Features of geological conservation importance:

- Yes, on the development site  
 Yes, on land adjacent to or near the proposed development  
 No

### 19. Existing Use

Please describe the current use of the site:

*HEALTH CARE*

Is the site currently vacant?  Yes  No

If Yes, please describe the last use of the site:

When did this use end (if known)? (DD/MM/YYYY)

(date where known may be approximate)

Does the proposal involve any of the following:

Land which is known to be contaminated?  Yes  No

Land where contamination is suspected for all or part of the site?  Yes  No

A proposed use that would be particularly vulnerable to the presence of contamination?  Yes  No

If you have answered Yes to any of the above, you will need to submit an appropriate contamination assessment.

### 20. Trees and Hedges

Are there trees or hedges on the proposed development site?  Yes  No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character?  Yes  No

If Yes to either or both of the above, you will need to provide a full Tree Survey, with accompanying plan before your application can be determined. Your Local Planning Authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to construction - Recommendations'.

### 21. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste?  Yes  No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste:

*HA*

## 22. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units?  Yes  No  
 If Yes, please complete details of the changes in the tables below:

Proposed Housing							Existing Housing									
Market Housing	Not known	Number of Bedrooms					Total	Market Housing	Not known	Number of Bedrooms					Total	
		1	2	3	4+	Unknown				1	2	3	4+	Unknown		
Houses	<input type="checkbox"/>							Houses	<input type="checkbox"/>							
Flats and maisonettes	<input type="checkbox"/>							Flats and maisonettes	<input type="checkbox"/>							
Live-work units	<input type="checkbox"/>							Live-work units	<input type="checkbox"/>							
Cluster flats	<input type="checkbox"/>							Cluster flats	<input type="checkbox"/>							
Sheltered housing	<input type="checkbox"/>							Sheltered housing	<input type="checkbox"/>							
Bedsit/studios	<input type="checkbox"/>							Bedsit/studios	<input type="checkbox"/>							
Unknown type	<input type="checkbox"/>							Unknown type	<input type="checkbox"/>							
<b>Totals (a + b + c + d + e + f + g) =</b>								<b>Totals (a + b + c + d + e + f + g) =</b>								
<hr/>							<hr/>									
Social Rented	Not known	Number of Bedrooms					Total	Social Rented	Not known	Number of Bedrooms					Total	
		1	2	3	4+	Unknown				1	2	3	4+	Unknown		
Houses	<input type="checkbox"/>							Houses	<input type="checkbox"/>							
Flats and maisonettes	<input type="checkbox"/>							Flats and maisonettes	<input type="checkbox"/>							
Live-work units	<input type="checkbox"/>							Live-work units	<input type="checkbox"/>							
Cluster flats	<input type="checkbox"/>							Cluster flats	<input type="checkbox"/>							
Sheltered housing	<input type="checkbox"/>							Sheltered housing	<input type="checkbox"/>							
Bedsit/studios	<input type="checkbox"/>							Bedsit/studios	<input type="checkbox"/>							
Unknown type	<input type="checkbox"/>							Unknown type	<input type="checkbox"/>							
<b>Totals (a + b + c + d + e + f + g) =</b>								<b>Totals (a + b + c + d + e + f + g) =</b>								
<hr/>							<hr/>									
Intermediate	Not known	Number of Bedrooms					Total	Intermediate	Not known	Number of Bedrooms					Total	
		1	2	3	4+	Unknown				1	2	3	4+	Unknown		
Houses	<input type="checkbox"/>							Houses	<input type="checkbox"/>							
Flats and maisonettes	<input type="checkbox"/>							Flats and maisonettes	<input type="checkbox"/>							
Live-work units	<input type="checkbox"/>							Live-work units	<input type="checkbox"/>							
Cluster flats	<input type="checkbox"/>							Cluster flats	<input type="checkbox"/>							
Sheltered housing	<input type="checkbox"/>							Sheltered housing	<input type="checkbox"/>							
Bedsit/studios	<input type="checkbox"/>							Bedsit/studios	<input type="checkbox"/>							
Unknown type	<input type="checkbox"/>							Unknown type	<input type="checkbox"/>							
<b>Totals (a + b + c + d + e + f + g) =</b>								<b>Totals (a + b + c + d + e + f + g) =</b>								
<hr/>							<hr/>									
Key worker	Not known	Number of Bedrooms					Total	Key worker	Not known	Number of Bedrooms					Total	
		1	2	3	4+	Unknown				1	2	3	4+	Unknown		
Houses	<input type="checkbox"/>							Houses	<input type="checkbox"/>							
Flats and maisonettes	<input type="checkbox"/>							Flats and maisonettes	<input type="checkbox"/>							
Live-work units	<input type="checkbox"/>							Live-work units	<input type="checkbox"/>							
Cluster flats	<input type="checkbox"/>							Cluster flats	<input type="checkbox"/>							
Sheltered housing	<input type="checkbox"/>							Sheltered housing	<input type="checkbox"/>							
Bedsit/studios	<input type="checkbox"/>							Bedsit/studios	<input type="checkbox"/>							
Unknown type	<input type="checkbox"/>							Unknown type	<input type="checkbox"/>							
<b>Totals (a + b + c + d + e + f + g) =</b>								<b>Totals (a + b + c + d + e + f + g) =</b>								
<hr/>							<hr/>									
<b>Total proposed residential units (A + B + C + D) =</b>								<b>Total existing residential units (E + F + G + H) =</b>								

**TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):**

### 23. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace?  Yes  No

If you have answered Yes to the question above please add details in the following table:

Use class/type of use	Not applicable	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following development (square metres)
A1	<input type="checkbox"/>				
Shops	<input type="checkbox"/>				
Net tradable area:	<input type="checkbox"/>				
A2	<input type="checkbox"/>				
Financial and professional services	<input type="checkbox"/>				
A3	<input type="checkbox"/>				
Restaurants and cafes	<input type="checkbox"/>				
A4	<input type="checkbox"/>				
Drinking establishments	<input type="checkbox"/>				
A5	<input type="checkbox"/>				
Hot food takeaways	<input type="checkbox"/>				
B1 (a)	<input type="checkbox"/>				
Office (other than A2)	<input type="checkbox"/>				
B1 (b)	<input type="checkbox"/>				
Research and development	<input type="checkbox"/>				
B1 (c)	<input type="checkbox"/>				
Light industrial	<input type="checkbox"/>				
B2	<input type="checkbox"/>				
General industrial	<input type="checkbox"/>				
B8	<input type="checkbox"/>				
Storage or distribution	<input type="checkbox"/>				
C1	<input type="checkbox"/>				
Hotels and halls of residence	<input type="checkbox"/>				
C2	<input type="checkbox"/>				
Residential institutions	<input type="checkbox"/>				
D1	<input type="checkbox"/>				
Non-residential institutions	<input type="checkbox"/>				
D2	<input type="checkbox"/>				
Assembly and leisure	<input type="checkbox"/>				
OTHER	<input type="checkbox"/>				
Please specify	<input type="checkbox"/>				
	<input type="checkbox"/>				
Total					

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

Use class	Type of use	Not applicable	Existing rooms to be lost by change of use or demolition	Total rooms proposed (including changes of use)	Net additional rooms
C1	Hotels	<input type="checkbox"/>			
C2	Residential Institutions	<input type="checkbox"/>			
Other	Hostels	<input type="checkbox"/>			

### 24. Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent
Existing employees			
Proposed employees			

### 25. Hours of Opening

Please state the hours of opening for each non-residential use proposed:

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not known

### 26. Site Area

Please state the site area in hectares (ha)

**25. Certificates (continued)**

**CERTIFICATE OF OWNERSHIP - CERTIFICATE D**

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

I certify/ The applicant certifies that:

- Certificate A cannot be issued for this application
- All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

The steps taken were:

*[This section is crossed out with a large diagonal line.]*

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

*[This section is crossed out with a large diagonal line.]*

On the following date (which must not be earlier than 21 days before the date of the application):

*[This section is crossed out with a large diagonal line.]*

Signed - Applicant:

*[This section is crossed out with a large diagonal line.]*

Or signed - Agent:

*[This section is crossed out with a large diagonal line.]*

Date (DD/MM/YYYY):

22-04-09

**AGRICULTURAL HOLDINGS CERTIFICATE**

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

Agricultural Land Declaration - You Must Complete Either A or B

(A) None of the land to which the application relates is, or is part of, an agricultural holding.

Signed - Applicant:

MR Mchey ON BEHALF OF UCLH NHS TRUST

Or signed - Agent:

*[This section is crossed out with a large diagonal line.]*

Date (DD/MM/YYYY):

*[This section is crossed out with a large diagonal line.]*

B) I have/ The applicant has given the requisite notice to every person other than myself/ the applicant who, on the day 21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below:

Name of Tenant	Address	Date Notice Served
<i>[This row is crossed out with a large diagonal line.]</i>	<i>[This row is crossed out with a large diagonal line.]</i>	<i>[This row is crossed out with a large diagonal line.]</i>
<i>[This row is crossed out with a large diagonal line.]</i>	<i>[This row is crossed out with a large diagonal line.]</i>	<i>[This row is crossed out with a large diagonal line.]</i>
<i>[This row is crossed out with a large diagonal line.]</i>	<i>[This row is crossed out with a large diagonal line.]</i>	<i>[This row is crossed out with a large diagonal line.]</i>
<i>[This row is crossed out with a large diagonal line.]</i>	<i>[This row is crossed out with a large diagonal line.]</i>	<i>[This row is crossed out with a large diagonal line.]</i>
<i>[This row is crossed out with a large diagonal line.]</i>	<i>[This row is crossed out with a large diagonal line.]</i>	<i>[This row is crossed out with a large diagonal line.]</i>

Signed - Applicant:

*[This section is crossed out with a large diagonal line.]*

Or signed - Agent:

*[This section is crossed out with a large diagonal line.]*

Date (DD/MM/YYYY):

*[This section is crossed out with a large diagonal line.]*

**26. Planning Application Requirements - Checklist**

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.

The original and 3 copies of a completed and dated application form:

The correct fee:

The original and 3 copies of the plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North:

The original and 3 copies of a design and access statement:

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:

The original and 3 copies of the completed, dated Article 7 Certificate (Agricultural Holdings):

The original and 3 copies of the completed, dated Ownership Certificate (A, B, C, or D - as applicable):

**27. Declaration**

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Signed - Applicant:

MR Mchey ON BEHALF OF UCLH NHS TRUST

Or signed - Agent:

*[This section is crossed out with a large diagonal line.]*

Date (DD/MM/YYYY):

22-04-09

(date cannot be pre-application)



## 27. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

Is the proposal a waste management development?  Yes  No

If the answer is Yes, please complete the following table:

	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	Maximum annual operational throughput in tonnes (or litres if liquid waste)
Inert landfill	<input type="checkbox"/>		
Non-hazardous landfill	<input type="checkbox"/>		
Hazardous landfill	<input type="checkbox"/>		
Energy from waste incineration	<input type="checkbox"/>		
Other incineration	<input type="checkbox"/>		
Landfill gas generation plant	<input type="checkbox"/>		
Pyrolysis/gasification	<input type="checkbox"/>		
Metal recycling site	<input type="checkbox"/>		
Transfer stations	<input type="checkbox"/>		
Material recovery/recycling facilities (MRFs)	<input type="checkbox"/>		
Household civic amenity sites	<input type="checkbox"/>		
Open windrow composting	<input type="checkbox"/>		
In-vessel composting	<input type="checkbox"/>		
Anaerobic digestion	<input type="checkbox"/>		
Any combined mechanical, biological and/or thermal treatment (MBT)	<input type="checkbox"/>		
Sewage treatment works	<input type="checkbox"/>		
Other treatment	<input type="checkbox"/>		
Recycling facilities construction, demolition and excavation waste	<input type="checkbox"/>		
Storage of waste	<input type="checkbox"/>		
Other waste management	<input type="checkbox"/>		
Other developments	<input type="checkbox"/>		

N/A

Please provide the maximum annual operational throughput of the following waste streams:

Municipal	
Construction, demolition and excavation	
Commercial and industrial	
Hazardous	

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

## 28. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below?  Yes  No  Not applicable

If Yes, please provide the amount of each substance that is involved:

Acrylonitrile (tonnes) <input type="text"/>	Ethylene oxide (tonnes) <input type="text"/>	Phosgene (tonnes) <input type="text"/>
Ammonia (tonnes) <input type="text"/>	Hydrogen cyanide (tonnes) <input type="text"/>	Sulphur dioxide (tonnes) <input type="text"/>
Bromine (tonnes) <input type="text"/>	Liquid oxygen (tonnes) <input type="text"/>	Flour (tonnes) <input type="text"/>
Chlorine (tonnes) <input type="text"/>	Liquid petroleum gas (tonnes) <input type="text"/>	Refined white sugar (tonnes) <input type="text"/>
Other: <input type="text"/>	Other: <input type="text"/>	
Amount (tonnes): <input type="text"/>	Amount (tonnes): <input type="text"/>	

**29. Certificates**

One certificate A, B, C, or D must be completed, together with the Agricultural Holdings Certificate with this application form

**CERTIFICATE OF OWNERSHIP - CERTIFICATE A**

Certificate under Article 7 of the Town and Country Planning (General Development Procedure) Order 1995 & Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

I certify/ The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of any part of the land or building to which the application relates.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

*M. K. G.*  
ON BEHALF OF UCLA NHS FOUNDATION *Trust*

22-04-09

**CERTIFICATE OF OWNERSHIP - CERTIFICATE B**

Certificate under Article 7 of the Town and Country Planning (General Development Procedure) Order 1995 & Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of any part of the land or building to which this application relates.

Name of Owner	Address	Date Notice Served

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

**CERTIFICATE OF OWNERSHIP - CERTIFICATE C**

Certificate under Article 7 of the Town and Country Planning (General Development Procedure) Order 1995 & Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

I certify/ The applicant certifies that:

- Neither Certificate A or B can be issued for this application
- All reasonable steps have been taken to find out the names and addresses of the other owners (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.

The steps taken were:

Name of Owner	Address	Date Notice Served

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

**29. Certificates (continued)**

**CERTIFICATE OF OWNERSHIP - CERTIFICATE D**

Certificate under Article 7 of the Town and Country Planning (General Development Procedure) Order 1995 & Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

I certify/ The applicant certifies that:

- Certificate A cannot be issued for this application
- All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

The steps taken were:

[Empty box for steps taken]

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

[Empty box for newspaper name]

On the following date (which must not be earlier than 21 days before the date of the application):

[Empty box for date]

Signed - Applicant:

[Empty box for applicant signature]

Or signed - Agent:

[Empty box for agent signature]

Date (DD/MM/YYYY):

22-04-09

**AGRICULTURAL HOLDINGS CERTIFICATE**

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

Agricultural Land Declaration - You Must Complete Either A or B

(A) None of the land to which the application relates is, or is part of, an agricultural holding.

Signed - Applicant:

[Signature]

Or signed - Agent:

OH BENEFIT OF UCLH NHS TRUST

Date (DD/MM/YYYY):

[Empty box for date]

B) I have/ The applicant has given the requisite notice to every person other than myself/ the applicant who, on the day 21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below:

Name of Tenant	Address	Date Notice Served
<i>[Large handwritten 'N/A' across the table]</i>		

Signed - Applicant:

[Empty box for applicant signature]

Or signed - Agent:

[Empty box for agent signature]

Date (DD/MM/YYYY):

[Empty box for date]

**30. Planning Application Requirements - Checklist**

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.

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The original and 3 copies of a design and access statement:

The original and 3 copies of the completed, dated Article 7 Certificate (Agricultural Holdings):

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:

The original and 3 copies of the completed, dated Ownership Certificate (A, B, C, or D - as applicable):

**31. Declaration**

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Signed - Applicant:

[Signature]

Or signed - Agent:

OH BENEFIT OF UCLH NHS TRUST

Date (DD/MM/YYYY):

22-04-09

(date cannot be pre-application)

### 32. Applicant Contact Details

#### Telephone numbers

Country code:	National number:	Extension number:
	0207 380 9925	
Country code:	Mobile number (optional):	
	07831 803287	
Country code:	Fax number (optional):	
	0207 380 9236	

Email address (optional):

brian.mcinerney@uclh.nhs.uk

### 33. Agent Contact Details

#### Telephone numbers

Country code:	National number:	Extension number:
Country code:	Mobile number (optional):	
Country code:	Fax number (optional):	

Email address (optional):

### 34. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?  Yes  No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)

Agent  Applicant  Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

BRIAN MCINERNEY

Telephone number:

0207 380 9925 MOBILE 07831 803287

Email address: