

# Planning Application - part 1



## A1. Applicant Details

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**Organisation**

Mitchells & Butlers PLC

**Name**

Title	Forename	Surname
Mr	Craig	Sutton

### A1.1 Address Details

**Name or flat number**

**Property number or name**

27

**Street**

Fleet Street

**Locality**

**Town**

Birmingham

**County**

**Postal Town**

**Postcode**

B3 1JP

### A1.2 Communication Details

**Telephone No.**

Nat Code	Extn No.
08706093000	

**Daytime Telephone No.**

07808094334	
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**Fax No.**

01423815112	
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**Email Address**

craig.sutton@mbplc.com

**DX Number**

## A2. Agent Details

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**Organisation**

Design Coalition Co Ltd

**Name**

**Title**

**Forename**

**Surname**

Mr

Lance

Davies

### A2.1 Address Details

**Name or flat number**

**Property number or name**

**Street**

**Locality**

**Town**

**County**

**Postal Town**

**Postcode**

The Old Mill

Castle Street

Ongar

Essex

CM5 9JY

### A2.2 Communication Details

**Telephone No.**

**Nat Code**

**Extn No.**

01277368004

**Daytime Telephone No.**

**Fax No.**

**Email Address**

**DX Number**

lance@designcoalition.co.uk

## 1. Site Address Details

### 1.1 Address Details

Name or flat number	<input type="text"/>
Property number or name	<input type="text" value="73-77"/>
Street	<input type="text" value="Euston Road"/>
Locality	<input type="text"/>
Town	<input type="text" value="LONDON"/>
County	<input type="text"/>
Postal Town	<input type="text"/>
Postcode	<input type="text" value="NW1 2QS"/>
UPRN	<input type="text" value="05082135"/>
Location	<input type="text"/>

## 2. Description of the Proposed Development

### Development Description

Change of use to offices to 2nd and 3rd floors including internal alterations. 2nd and 3rd floor rear extension. Internal alterations to Basement, Ground and 1st floors. Existing external door opening amended to form entrance to 2nd and 3rd floors.

## 3. Type of Application

### Type

- ☐ Outline
- ☐ Approval of Reserved Matters
- ☒ Full
- ☐ Renewal of temporary permission
- ☐ Renewal of unexpired permission
- ☐ Removal of Condition
- ☐ Variation of Condition

**Outline or Reserved Matters Applications.**  
Following recent legislation changes to outline permission please read the help-text for new requirements.

Layout (Previously Siting)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Scale (Previously Design)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
External Appearance	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Means of Access	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Landscaping	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Reference Number of existing application	<input type="text"/>
Date of previous decision (yyyy-mm-dd)	<input type="text"/>
Condition Number	<input type="text"/>

**Proposal Type**

<b>New building(s)</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>Alteration or Extension to building(s)</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Change of use</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Demolition</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>Other operations</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**4. Access****Is existing access affected?****Pedestrian** ☐ Yes ☒ No**Vehicular** ☐ Yes ☒ No**Is a new access type proposed?****Pedestrian** ☐ Yes ☒ No**Vehicular** ☐ Yes ☒ No**Disability Access**

**5. Other Information****A. Planting of trees, shrubs or hedges**☐ Yes ☒ No**B. Lopping or topping of trees or the removal of trees shrubs or hedges**☐ Yes ☒ No**C. Storage of waste**☐ Yes ☒ No**6. Public Rights Of Way****Do you propose to alter or divert a Public Right of Way?**☐ Yes ☒ No**Is the site adjacent to a Public Right Of Way?**☐ Yes ☒ No**Describe the proposed alteration of the Public Right of Way**

**7. Materials****Walls**

 Brickwork to match existing
**Roof**

 Extension flat roof finished with roofing felt.

**Site boundaries (fences, walls, etc.), driveways, paved areas and other hard surfaced areas**

## 8. Site Area & Floor Space

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**Site Area**

**Units**

☒ square metres  
☐ hectares

**Width of site frontage**

**metres**

**Is the application for new building works?**

☒ Yes ☐ No

**Please state the existing floorspace of the building**

**sq.m**

**Please state the proposed new floorspace**

**sq.m**

**Is the proposal for a change of use?**

☒ Yes ☐ No

**Please state the floorspace related to the change of use**

**sq.m**

**Does the proposal involve the removal or demolition of any part of the existing building?**

☒ Yes ☐ No

**Description of removal/demolition**

## 9. Existing Uses

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**Current use of land or building**

**If vacant what was the land or building last used for?**

## 10. Residential Information

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Select the type of land the development is on

- ☐ Brown-field  
☐ Green-field  
☐ Part Greenfield, Part Brownfield  
☒ Don't Know  
☒ Yes ☐ No

Is the number of residential units changing?

If Yes, fill out the table below:

	Existing	Proposed	Net Gain
Houses or Bungalows	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Flats/Maisonettes/Apartments	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Bedsits	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text" value="Other"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

## 11. Interest

State the applicant's interest in the land

- ☐ Owner  
☒ Lessee  
☐ Prospective purchaser  
☐ Other

If Other give details

Does the applicant own or control any adjoining land?

☐ Yes ☒ No

Has any part of the site been in council ownership?

☐ Yes ☒ No

## 12. Height

State the height of the new development

metres

## 13. Car Parking

Please fill out the car parking space details in the table below:

	Existing	Proposed	Net Gain
Car Spaces	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Goods Vehicle Spaces	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Cycle Spaces	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Disability Spaces	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

## 14. Drainage

State method of disposal for surface water

**State method of disposal for foul sewage**

If septic tanks are used, have the ground conditions been investigated? If "Yes" submit the details with the application

☐ Yes ☒ No

## 15. Previous Applications

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Any previous known applications for this proposal?  
Reference Number

☐ Yes ☒ No

Date of Application (yyyy-mm-dd)

## 16. Details

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Has the proposal for works or development already been carried out?

☐ Yes ☒ No

Is the application for any of the following purposes listed below?

Industry

☐ Yes ☒ No

Office

☒ Yes ☐ No

Warehousing

☐ Yes ☒ No

Storage

☐ Yes ☒ No

Shopping

☐ Yes ☒ No

Any commercial use involving staff/parking/operating hours

☐ Yes ☒ No

# Planning Application - part 2

## 17. Industrial Or Commercial Processes and Machinery

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Describe processes carried out and the end products

What type of machinery will be installed?

## 18. Related Development

Is the proposal related to any of the following:

An existing use on or nearby the site, or elsewhere

☐ Yes ☒ No

If Yes give details

A larger scheme for which planning permission is not yet sought

☐ Yes ☒ No

If Yes give details

## 19. Floorspace

Please complete the floorspace details in m2 in the table below:

	Existing	Lost or removed	Proposed	Total
Shop	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Professional / Financial services (Bank, Estate Agent, etc)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Restaurant/Cafe	<input type="text" value="821"/>	<input type="text" value="28"/>	<input type="text" value="0"/>	<input type="text" value="793"/>
Offices	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="490"/>	<input type="text" value="490"/>
Industrial	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Warehouse	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Hotel / Hostel / Nursing home	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Accommodation	<input type="text" value="407"/>	<input type="text" value="407"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>Total</b>	<input type="text" value="1228"/>	<input type="text" value="435"/>	<input type="text" value="490"/>	<input type="text" value="1283"/>

## 20. Employment

Please complete the employee details table below:

	Full Time	Part Time	Total
Existing Employees	<input type="text" value="20"/>	<input type="text" value="10"/>	<input type="text" value="30"/>
Proposed Employees	<input type="text" value="15"/>	<input type="text" value="6"/>	<input type="text" value="21"/>
<b>Total</b>	<input type="text" value="35"/>	<input type="text" value="16"/>	<input type="text" value="51"/>

## 21. Traffic Flow



**How many vehicles will visit the site during a normal working day. Please complete the Traffic flow details table below:**

	Existing	New	Total
Employees vehicles	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
HGV's	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Other vehicles	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

## 22. Servicing

**What provisions will be made for loading, unloading and turning vehicles within the site?**

## 23. Hours Of Working / Opening

### 23. 1 Working

**Please specify the working hours (hh:mm) in the table below:**

	Existing From	To	Proposed From	To
Monday	<input type="text"/>	<input type="text"/>	<input type="text" value="06:00"/>	<input type="text" value="23:00"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text" value="06:00"/>	<input type="text" value="23:00"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text" value="06:00"/>	<input type="text" value="23:00"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text" value="06:00"/>	<input type="text" value="23:00"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text" value="06:00"/>	<input type="text" value="23:00"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text" value="06:00"/>	<input type="text" value="23:00"/>
Sunday	<input type="text"/>	<input type="text"/>	<input type="text" value="06:00"/>	<input type="text" value="23:00"/>

### 23. 2 Opening

**Please specify the opening hours (hh:mm) in the table below:**

	Existing From	To	Proposed From	To
Monday	<input type="text"/>	<input type="text"/>	<input type="text" value="06:00"/>	<input type="text" value="23:00"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text" value="06:00"/>	<input type="text" value="23:00"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text" value="06:00"/>	<input type="text" value="23:00"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text" value="06:00"/>	<input type="text" value="23:00"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text" value="06:00"/>	<input type="text" value="23:00"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text" value="06:00"/>	<input type="text" value="23:00"/>
Sunday	<input type="text"/>	<input type="text"/>	<input type="text" value="06:00"/>	<input type="text" value="23:00"/>

## 24. Hazardous Substances

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**Please state the nature, volume and means of disposal of trade effluents or waste**

None

**Does the proposal involve the storage of Hazardous Substances?**

☐ Yes ☒ No

**If Yes, please specify the hazardous material and the quantity stored in tonnes.**

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**Signature**

**Electronically submitted; no signature required.**

## Certificate A

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I certify that:

on the day 21 days before the date of the accompanying application nobody, except the applicant, was the owner of any part of the building/land to which the application relates.

### Signatory

	Title	Forename	Surname
Signatory	<input type="text" value="Mr"/>	<input type="text" value="Lance"/>	<input type="text" value="Davies"/>
Signature	Electronically submitted; no signature required.		
Date (yyyy-mm-dd)	<input type="text" value="2008-01-22"/>		

Under the provisions of the Planning Acts, if any person issues a certificate which purports to comply with the requirements of this Act and contains a statement which he knows to be false or misleading in a material particular, he shall be guilty of an offence. Please ensure that the information you have provided is accurate.

## Agricultural Holdings Certificate

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**X** None of the land to which the application relates is, or is part of, an agricultural holding. ☐ I have/the applicant has given the requisite notice to every person other than my/him/herself 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 the application relates as follows:

### Signatory

	Title	Forename	Surname
Signatory	<input type="text" value="Mr"/>	<input type="text" value="Lance"/>	<input type="text" value="Davies"/>
Signature	Electronically submitted; no signature required.		
Date (yyyy-mm-dd)	<input type="text" value="2008-01-22"/>		

Under the provisions of the Planning Acts, if any person issues a certificate which purports to comply with the requirements of this Act and contains a statement which he knows to be false or misleading in a material particular, he shall be guilty of an offence. Please ensure that the information you have provided is accurate.

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