

Planning Application - part 1



A1. Applicant Details

Organisation

Name

Title	Forename	Surname
<input type="text" value="Mr"/>	<input type="text" value="Chris"/>	<input type="text" value="Holdsworth"/>

A1.1 Address Details

Name or flat number

Property number or name

Street

Locality

Town

County

Postal Town

Postcode

A1.2 Communication Details

Telephone No.

Nat Code	Extn No.
<input type="text"/>	<input type="text"/>

Daytime Telephone No.

<input type="text"/>	<input type="text"/>
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Fax No.

<input type="text"/>	<input type="text"/>
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Email Address

DX Number

A2. Agent Details

Organisation**Name****Title****Forename****Surname**

A2.1 Address Details

Name or flat number**Property number or name****Street****Locality****Town****County****Postal Town****Postcode**

A2.2 Communication Details

Nat Code**Extn No.****Telephone No.****Daytime Telephone No.****Fax No.****Email Address****DX Number**

1. Site Address Details

1.1 Address Details

Name or flat number	<input type="text"/>
Property number or name	<input type="text" value="8"/>
Street	<input type="text" value="Downside Crescent"/>
Locality	<input type="text"/>
Town	<input type="text" value="LONDON"/>
County	<input type="text"/>
Postal Town	<input type="text"/>
Postcode	<input type="text" value="NW3 2AP"/>
UPRN	<input type="text" value="05043196"/>
Location	<input type="text"/>

2. Description of the Proposed Development

Development Description

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

New building(s) ☐ Yes ☒ No

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

4. Access

Is existing access affected?

Pedestrian ☐ Yes ☒ No

Is a new access type proposed?

Vehicular ☐ Yes ☒ No

Pedestrian ☐ Yes ☒ No

Vehicular ☐ Yes ☒ No

Disability Access

N/A

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

N/A

Roof

Clay tiles to suit existing.

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

8. Site Area & Floor Space

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

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

10. Residential Information

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="0"/>	<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="1"/>	<input type="text" value="1"/>	<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

Any previous known applications for this proposal?

☒ Yes ☐ No

Reference Number

Date of Application (yyyy-mm-dd)

16. Details

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

Signature

Electronically submitted; no signature required.

Certificate A

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="Miss"/>	<input type="text" value="Sacha"/>	<input type="text" value="King"/>
Signature	Electronically submitted; no signature required.		
Date (yyyy-mm-dd)	<input type="text" value="2008-01-25"/>		

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

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="Miss"/>	<input type="text" value="Sacha"/>	<input type="text" value="King"/>
Signature	Electronically submitted; no signature required.		
Date (yyyy-mm-dd)	<input type="text" value="2008-01-25"/>		

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