

Planning Application - part 1



A1. Applicant Details

Organisation

The Capital Pub Company

Name

Title	Forename	Surname
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Mr	Mike	Mulkerrins
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A1.1 Address Details

Name or flat number

Property number or name

28

Street

South Molton Street

Locality

Town

London

County

Postal Town

Postcode

W1K 5RF

A1.2 Communication Details

Telephone No.

Nat Code	Extn No.
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01371872804	
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Daytime Telephone No.

01371872804	
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Fax No.

01371872804	
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Email Address

joe@jaynenelsoninteriors.co.uk

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" value="The Marquis of Granby"/>
Property number or name	<input type="text" value="142"/>
Street	<input type="text" value="Shaftesbury Avenue"/>
Locality	<input type="text"/>
Town	<input type="text" value="London"/>
County	<input type="text"/>
Postal Town	<input type="text"/>
Postcode	<input type="text" value="WC2H 8HJ"/>
UPRN	<input type="text" value="0"/>
Location	<input type="text"/>

2. Description of the Proposed Development

Development Description

Our proposals show the addition of 3no. new canvas awnings with heating and lighting to the three elevations of the building to provide outdoor covered facilities for its customers.

3. Type of Application

Type	<input type="checkbox"/> Outline <input type="checkbox"/> Approval of Reserved Matters <input checked="" type="checkbox"/> Full <input type="checkbox"/> Renewal of temporary permission <input type="checkbox"/> Renewal of unexpired permission <input type="checkbox"/> Removal of Condition <input type="checkbox"/> Variation of Condition															
Outline or Reserved Matters Applications. Following recent legislation changes to outline permission please read the help-text for new requirements.	<table> <tr> <td>Layout (Previously Siting)</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>Scale (Previously Design)</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>External Appearance</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>Means of Access</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>Landscaping</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> </table>	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
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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)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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**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**

Roof

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="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

Any previous known applications for this proposal?
Reference Number

☐ Yes ☒ No

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

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17. Industrial Or Commercial Processes and Machinery

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

Public House

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="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Offices	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
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"/>
Other	<input type="text" value="89"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="89"/>
Total	<input type="text" value="89"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="89"/>

20. Employment

Please complete the employee details table below:

	Full Time	Part Time	Total
Existing Employees	<input type="text" value="3"/>	<input type="text" value="6"/>	<input type="text" value="9"/>
Proposed Employees	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	<input type="text" value="3"/>	<input type="text" value="6"/>	<input type="text" value="9"/>

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

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" value="09:00"/>	<input type="text" value="00:00"/>	<input type="text" value="09:00"/>	<input type="text" value="00:00"/>
Tuesday	<input type="text" value="09:00"/>	<input type="text" value="00:00"/>	<input type="text" value="09:00"/>	<input type="text" value="00:00"/>
Wednesday	<input type="text" value="09:00"/>	<input type="text" value="00:00"/>	<input type="text" value="09:00"/>	<input type="text" value="00:00"/>
Thursday	<input type="text" value="09:00"/>	<input type="text" value="00:00"/>	<input type="text" value="09:00"/>	<input type="text" value="00:00"/>
Friday	<input type="text" value="09:00"/>	<input type="text" value="00:00"/>	<input type="text" value="09:00"/>	<input type="text" value="00:00"/>
Saturday	<input type="text" value="09:00"/>	<input type="text" value="00:00"/>	<input type="text" value="09:00"/>	<input type="text" value="00:00"/>
Sunday	<input type="text" value="09:00"/>	<input type="text" value="00:00"/>	<input type="text" value="09:00"/>	<input type="text" value="00:00"/>

23. 2 Opening

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

	Existing From	To	Proposed From	To
Monday	<input type="text" value="11:00"/>	<input type="text" value="23:00"/>	<input type="text" value="11:00"/>	<input type="text" value="23:00"/>
Tuesday	<input type="text" value="11:00"/>	<input type="text" value="23:00"/>	<input type="text" value="11:00"/>	<input type="text" value="23:00"/>
Wednesday	<input type="text" value="11:00"/>	<input type="text" value="23:00"/>	<input type="text" value="11:00"/>	<input type="text" value="23:00"/>
Thursday	<input type="text" value="11:00"/>	<input type="text" value="23:00"/>	<input type="text" value="11:00"/>	<input type="text" value="23:00"/>
Friday	<input type="text" value="11:00"/>	<input type="text" value="23:00"/>	<input type="text" value="11:00"/>	<input type="text" value="23:00"/>
Saturday	<input type="text" value="11:00"/>	<input type="text" value="23:00"/>	<input type="text" value="11:00"/>	<input type="text" value="23:00"/>
Sunday	<input type="text" value="12:00"/>	<input type="text" value="22:30"/>	<input type="text" value="12:00"/>	<input type="text" value="22:30"/>

24. Hazardous Substances

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

As existing

Does the proposal involve the storage of Hazardous Substances?

☐ Yes ☒ No

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

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="Mr"/>	<input type="text" value="Joseph"/>	<input type="text" value="Reeve"/>
Signature	Electronically submitted; no signature required.		
Date (yyyy-mm-dd)	<input type="text" value="2007-10-30"/>		

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="Mr"/>	<input type="text" value="Joseph"/>	<input type="text" value="Reeve"/>
Signature	Electronically submitted; no signature required.		
Date (yyyy-mm-dd)	<input type="text" value="2007-10-30"/>		

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.
