

# Planning Application - part 1



## A1. Applicant Details

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Organisation

Name

Title	Forename	Surname
Mr and Mrs	Monique and Iain	Goalen

### 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

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**Organisation**

Archplan

**Name**

**Title**

**Forename**

**Surname**

Mr

Andy

Down

### A2.1 Address Details

**Name or flat number**

**Property number or name**

**Street**

**Locality**

**Town**

**County**

**Postal Town**

**Postcode**

30

Cholmeley Crescent

Highgate

London

N6 5HA

### A2.2 Communication Details

**Telephone No.**

**Daytime Telephone No.**

**Fax No.**

**Email Address**

**DX Number**

**Nat Code**

**Extn No.**

02073552722

07720376620

02073552723

archplan@hotmail.com

## 1. Site Address Details

### 1.1 Address Details

Name or flat number	<input type="text"/>
Property number or name	<input type="text" value="33"/>
Street	<input type="text" value="Pond Street"/>
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 2PN"/>
UPRN	<input type="text" value="05059035"/>
Location	<input type="text"/>

## 2. Description of the Proposed Development

### Development Description

## 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.	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

## 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**

White painted render

**Roof**

Asphalt as existing and replacement glass roof

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

Fences as existing

## 8. Site Area & Floor Space

Site Area

0

Units

☒ square metres  
☐ hectares

Width of site frontage

5.5

metres

Is the application for new building works?

☒ Yes ☐ No

Please state the existing floorspace of the building

256

sq.m

Please state the proposed new floorspace

277

sq.m

Is the proposal for a change of use?

☐ Yes ☒ No

Please state the floorspace related to the change of use

0

sq.m

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

☒ Yes ☐ No

Description of removal/demolition

Removal of existing conservatory extension

## 9. Existing Uses

Current use of land or building

Single Family House

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

N / A

## 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

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Any previous known applications for this proposal?

☐ Yes ☒ No

Reference Number

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

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

Signatory

Title

Forename

Surname

Mr

Andrew

Down

Signature

Electronically submitted; no signature required.

Date (yyyy-mm-dd)

2007-11-28

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="Andrew"/>	<input type="text" value="Down"/>
Signature	Electronically submitted; no signature required.		
Date (yyyy-mm-dd)	<input type="text" value="2007-11-28"/>		

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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