

Application for listed building consent for alterations, extension or demolition of a listed building.

Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applicant	Name and Address		2. Agent	Name and	d Address		
Title:	First name:		Title:	MR	First name:	MAXV	JELL
Last name:			Last name:	HUTO	HINSO	N	
Company (optional):			Company (optional):	MAXWE	ic Hut	CHASO	~ ARLHITEO
Unit:	House number:	House suffix:	Unit:		House number:	17	House suffix:
House name:			House name:				
Address 1:			Address 1:	CHA	RT ST	REET	7
Address 2:			Address 2:				
Address 3:			Address 3:				
Town:			Town:	LON	DON		
County:		Special result	County:				
Country:			Country:				
Postcode:			Postcode:	NI	DD.		
-	on of Proposed Work						
Please describe	the proposals to alter, exten	d or demolish the listed	building(s):				·
CONVI	ERSION OF AINED FLA	EXISTING	House	E 1N7	O TH	REE	SECF
CONTI	AINED FLA	775					:
<u> </u>							

3. Description of Proposed Work (continued)	4. Site Address Details
	Please provide the full postal address of the application site.
Has the work already started without consent? Yes No	Unit: House I House suffix: House
If Yes, please state when the work was started (DD/MM/YYYY):	name:
,	JI CHAOS STACE
	Address 2: KING'S CROSS Address 3:
(date must be pre-application submission)	Town: CAMDEN
Has the work been	County:
completed without consent? Yes No	Postcode (optional): WC1 + 8BD.
If Yes, please state the date when the	Description of location or a grid reference. (must be completed if postcode is not known):
work was completed (DD/MM/YYYY):	Easting: Northing:
	Description:
	END TERRACE GRADE II LISTED
(date must be pre-application submission)	House
5. Related Proposals Are there any current applications, previous	6. Pre-application Advice Has assistance or prior advice been sought from the local
proposals or demolitions for the site? Yes X No	authority about this application? Yes No
If Yes please describe and include the planning application reference number(s), if known:	If Yes, please complete the following information about the advice
Description Reference number	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:
	Reference:
	Date (DD/MM/YYYY):
	(must be pre-application submission) Details of pre-application advice received?
	Details of pre-application advice received:
7 Noighbourged Committee Committee	C. Andhoute Proplems (Allertham
7. Neighbour and Community Consultation	8. Authority Employee / Member With respect to the Authority, I am: Do any of these
Have you consulted your neighbours or the local community about the proposal? Yes No	(a) a member of staff statements apply to you?
If Yes, please provide details:	(c) related to a member of staff (d) related to an elected member
	If Yes, please provide details of the name, relationship and role
	If Yes, please provide details of the name, relationship and role
	If Yes, please provide details of the name, relationship and role

	Existing (where applicable)	Proposed	Not applicable	Don't Know
External walls	LONDON STOCK BRICK - WORK	TO MATCH ESISTING.		
Roof covering	Freshir Econ	TO MATER EXISTING		
Chimney			×	
Windows	USAGE OF EXISTING OR REPLACEMENT OF SASH WINDONS	TO MATCH EXISTING.		
External doors	ş ¢	ę ¢		
Ceilings	RETAINED OR MAKE 4000 EXISTING	TO MATCH EXISTING		
Internal walls	RETAINED WHERE APPLI - CHISE AND NEW WALLS TO FORM PARTITIONS) <i>(</i>		
Floors	TIMBER FLOOR	TO MATCH EXISTING.		
Internal doors	RETAINT D WHERE APPLICABLE	NEW ADDITIONAL TO FORM SEPERATION AND TO ROOMS AND FIRE		
Rainwater goods	NEW TO EXTENSION	TO MATCH EXISTING.		
Boundary treatments (e.g. fences, walls)			区	
Vehicle access and hard standing			×	
Lighting	NEW LIGHTS WHERE APPLICABLE	TO MATCH EXISTING		
Others (add description)	RENDER EXTERNAL WALL	TO MATCH EXISTING.		
	litional information on submitted drawings or plants)/drawing(s) references:	ns? Yes No		<u></u>
₩₩2_01, t	5XISTING SITE LOCATION 03, 04, 05, 06, 07,	08,09,10,11,12,13		

If Yes, which of the following does the proposal involve? a) Total demolition of the listed building:		
total demolition of a listed building?		·
a) Total demolition of the listed building:		
b) Demolition of a building within the curtilage of the listed building: Yes	If Yes, which of the following does the proposal involve?	
the curtilage of the listed building:	a) Total demolition of the listed building: Yes No	(you must answer each of the questions)
Chemiton of a part of the issee building: Yes No	·	a) Works to the interior of the building? Yes No
I) What is the total volume of the listed building/(cubic metres)	c) Demolition of a part of the listed building: Yes No	b) Works to the exterior of the building? 🔀 Yes 🔲 No
State Building Grading State Building Grading State Building Grading State Buildings of Special Architectural or Historic interest? (Note: only one box must be ticked) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)?		
to be demolished?(cubic metres)	listed building?(cubic metres)	its curtilage) internally or externally? Yes No
rection of the part to be removed? (MM/YYY) (date must be pre-application submission) Please provide a brief description of the building or part of the building you are proposing to demolish: NTERNAL REPRESENCE TO CREATE ADDITIONAL THREE SELF CONTAINED FLATS Why is it necessary to demolish or extend (as applicable) all or part of the building(s) and or structure(s)? TO CREATE ADDITIONAL THREE SELF CONTAINED SELF CONTAINED FLATS To CREATE ADDITIONAL THREE SELF CONTAINED SELF CONTAINED FLATS Has a Certificate of Immunity from Listing been sought in respectively buildings of Special Architectural or Historic interest? (Note: only one box must be ticked) Grade		
SEE ATTHCHED. SECHOLORISM: SEE ATTHCHED.	erection of the part to be removed? (MM/YYYY) (date must be pre-application submission) Please provide a brief description of the building or part of the	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
of the building(s) and or structure(s)? TO CREATE ADDITIONAL THREE SELF CONTAINED FLATS 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	INTERNAL REARRANGEMENT OF INTERNAL SPACE TO CREATE ADDITIONAL THREE SECF CONTAINED	
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	of the building(s) and or structure(s)? TO CREATE ADDITIONAL THREE	
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		
Buildings of Special Architectural or Historic interest? (Note: only one box must be ticked) Grade I	12. Listed Building Grading	13. Immunity From Listing
Grade II Ecclesiastical Grade II Grade II	Buildings of Special Architectural or Historic interest? (Note: only	
Grade II Ecclesiastical Grade II	Grade ! Ecclesiastical Grade !	If Yes, please provide the result of the application:
	Grade II* Ecclesiastical Grade II*	
Don't know	Grade II Ecclesiastical Grade II	
	Don't know	

14. Ownership Certificates One Certificate A, B, C, or D, must be completed with this application form **CERTIFICATE OF OWNERSHIP - CERTIFICATE A** 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* of any part of the land or building to which the application relates. "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. Or signed - Agent: Signed - Applicant: Date DD/MM/YYYY): BRAVURA ARCHITECIS **CERTIFICATE OF OWNERSHIP - CERTIFICATE B** 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* of any part of the land or building to which this application relates. * "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. Name of Owner Date Notice Served **Address** Signed - Applicant: Or signed - Agent: Date DD/MM/YYYY): **CERTIFICATE OF OWNERSHIP - CERTIFICATE C** 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* of the land or building, or of a part of it, but I have/ the applicant has been unable to do so. * "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. The steps taken were:

Name of Owner	Addre	ss	Date Notice Served
Notice of the application has been publish	ned in the following newspaper	On the following date (whi	ch must not be earlier

(circulating in the area where the land		efore the date of the application):
Signed - Applicant:	Or signed - Agent:	 Date DD/MM/YYYY):
	E	

14. Ownership Certificates (continued)					
CERTIF			RSHIP - CERTIF		
Regulation 6 of the Planning I certify/ The applicant certifies that:	g (List	ed Building	s and Conserva	ation Areas) Regulations 199	9 0
 Certificate A cannot be issued for this application 	cation				24 1 5 11
 All reasonable steps have been taken to fine date of this application, was the owner* of a 	d out t any pa	the names a ort of the lan	nd addresses of d to which this a	everyone else who, on the da application relates, but I have/	y 21 days before the the applicant has been
unable to do so.					
* "owner" is a person with a freehold interest or leaseho The steps taken were:	old inte	erest with at	least / years left	to run.	
The steps taken were.					
Next a state a surficient to a book and which ad in the	. falla.			On the following date (which	h must not be earlier
Notice of the application has been published in the (circulating in the area where the land is situated):	HOHOV	ving newspa	pei	On the following date (which than 21 days before the date	
Cinnal Applicants		Orcionad	Acont		Date DD/MM/YYYY):
Signed - Applicant:		Or signed -	Agent:		Date DD/MM/TTT):
		`			
15. Planning Application Requirements					,
Please read the following checklist to make sure you					
information required will result in your application to the Local Planning Authority has been submitted.	being (
The original and 3 copies of a completed and dated		į	ne original and nformation nec	13 copies of other plans and describe the subject	of the application:
application form:		- /		3 copies of the completed da	ted
The original and 3 copies of a plan which identifies t	the	(Ownership Certi	ificate (A, B, C, or D - as applica	able):
land to which the application relates and drawn to a identified scale and showing the direction of North:		√ i	he original and	13 copies of a design and accenel need to a community and accenel need to a community and accene accent and accene accent acces accent access accent accent accent accent accent accent accent access accent accent accent accent accent access acce	ess statement,
identified scale and showing the direction of North.	<u> </u>	<u> </u>	required (see t	telp text and guidance notes i	or details).
16. Declaration					`
//we hereby apply for planning permission/consent	as des	scribed in th	is form and the	accompanying plans/drawing	rs and additional
#/we hereby apply for planning permission/consent information. I/we confirm that, to the best of my/ou genuine opinions of the person(s) giving them.	as des ir knov	scribed in th vledge, any	is form and the facts stated are	accompanying plans/drawing true and accurate and any opi	s and additional inions given are the
information. I/we confirm that, to the best of my/ou genuine opinions of the person(s) giving them. Signed - Applicant: O	ır knov r signe	vledge, any ed - Agent:	facts stated are	true and accurate and any opi Date (DD/MM/	inions given are the
information. I/we confirm that, to the best of my/ou genuine opinions of the person(s) giving them. Signed - Applicant: O	ır knov r signe	vledge, any ed - Agent:	facts stated are	true and accurate and any opi Date (DD/MM/	inions given are the
information. I/we confirm that, to the best of my/ou genuine opinions of the person(s) giving them. Signed - Applicant: O	ır knov r signe	vledge, any ed - Agent:	is form and the facts stated are	true and accurate and any opi Date (DD/MM/	inions given are the
information. I/we confirm that, to the best of my/ou genuine opinions of the person(s) giving them. Signed - Applicant:	ır knov r signe	vledge, any ed - Agent:	BRAVIL	true and accurate and any opi Date (DD/MM/	inions given are the
information. I/we confirm that, to the best of my/ou genuine opinions of the person(s) giving them. Signed - Applicant: O O T Applicant Contact Details	ır knov r signe	vledge, any ed - Agent:	BRAVIL	Date (DD/MM/ 16/12/ Contact Details	inions given are the
information. I/we confirm that, to the best of my/ou genuine opinions of the person(s) giving them. Signed - Applicant: O O The person of	er knov	vledge, any ed - Agent:	BRAVU. 18. Agent (Telephone nu	Date (DD/MM/ Date (DD/MM/ Date (DD/MM/ Date (DD/MM/ Contact Details	inions given are the YYYY): (date cannot be pre-application)
information. I/we confirm that, to the best of my/ou genuine opinions of the person(s) giving them. Signed - Applicant: O O T Applicant Contact Details	er knov	vledge, any ed - Agent:	BRAVIL	Date (DD/MM/ Date (DD/MM/ Date (DD/MM/ Date (DD/MM/ Contact Details	inions given are the YYYY): (date cannot be pre-application)
information. I/we confirm that, to the best of my/ou genuine opinions of the person(s) giving them. Signed - Applicant: O O The person of	er knov	vledge, any ed - Agent:	18. Agent (Telephone nu Country code	Date (DD/MM/ Date (DD/MM/ Date (DD/MM/ Contact Details I b/12/ Contact Details I b/12/ Contact Details I b/12/	inions given are the YYYY): (date cannot be pre-application) Extension number:
information. I/we confirm that, to the best of my/ou genuine opinions of the person(s) giving them. Signed - Applicant: O O The person of	er knov	vledge, any ed - Agent:	BRAVU. 18. Agent (Telephone nu	Date (DD/MM/ Date (DD/MM/ Contact Details Mobile number (optional)	(date cannot be pre-application) Extension number:
information. I/we confirm that, to the best of my/ou genuine opinions of the person(s) giving them. Signed - Applicant: O O The person of	er knov	vledge, any ed - Agent:	18. Agent (Telephone nu Country code	Date (DD/MM/ Date (DD/MM/ Date (DD/MM/ Contact Details I b/12/ Contact Details I b/12/ Contact Details I b/12/	(date cannot be pre-application) Extension number:
information. I/we confirm that, to the best of my/ou genuine opinions of the person(s) giving them. Signed - Applicant: O O The person of	er knov	vledge, any ed - Agent:	18. Agent (Telephone nu Country code	Date (DD/MM/ Da	(date cannot be pre-application) Extension number:
information. I/we confirm that, to the best of my/ou genuine opinions of the person(s) giving them. Signed - Applicant: O O The person of	er knov	vledge, any ed - Agent:	18. Agent (Telephone nu Country code Country code	Date (DD/MM/ Da	(date cannot be pre-application) Extension number:
information. I/we confirm that, to the best of my/ou genuine opinions of the person(s) giving them. Signed - Applicant: O O The person of	er knov	vledge, any ed - Agent:	18. Agent (Telephone nu Country code Country code	Date (DD/MM/ Date (DD/MM/ Contact Details Mobile number (optional) Fax number (optional):	(date cannot be pre-application) Extension number:
information. I/we confirm that, to the best of my/ou genuine opinions of the person(s) giving them. Signed - Applicant: O O The person of	er knov	vledge, any ed - Agent:	18. Agent (Telephone nu Country code Country code + 44 Country code	Date (DD/MM/ Date (DD/MM/ Contact Details I b/12/ Contact Details	inions given are the YYYY): (date cannot be pre-application) Extension number:
information. I/we confirm that, to the best of my/ou genuine opinions of the person(s) giving them. Signed - Applicant: O O The person of	er knov	vledge, any ed - Agent:	18. Agent (Telephone nu Country code Country code + 44 Country code	Date (DD/MM/ Date (DD/MM/ Contact Details Mobile number (optional) Fax number (optional):	inions given are the YYYY): (date cannot be pre-application) Extension number:
information. I/we confirm that, to the best of my/ou genuine opinions of the person(s) giving them. Signed - Applicant: O O The person of	er knov	vledge, any ed - Agent:	18. Agent (Telephone nu Country code Country code + 44 Country code	Date (DD/MM/ Date (DD/MM/ Contact Details I b/12/ Contact Details	inions given are the YYYY): (date cannot be pre-application) Extension number:
information. I/we confirm that, to the best of my/ou genuine opinions of the person(s) giving them. Signed - Applicant: Original Contact Details Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional):	er signe	ed - Agent: Extension number:	18. Agent (Telephone nu Country code Country code Country code Email address M. Hu. 1	Date (DD/MM/ Contact Details I b/12/ Cont	Extension number:
information. I/we confirm that, to the best of my/ou genuine opinions of the person(s) giving them. Signed - Applicant: Original Triangle of the person(s) giving them. Original Triangle of the person of the pe	path, t	ed - Agent: Extension number: oridleway or to carry	18. Agent Telephone nu Country code Country code	Date (DD/MM/ Contact Details I b/12/ Contact Details Imbers I National number: I Mobile number (optional) I Fax number (optional): I Fax number (optional): I CHINSON © BLUEYO	Extension number:
information. I/we confirm that, to the best of my/ou genuine opinions of the person(s) giving them. Signed - Applicant: Original Property of the person of	path, t	ed - Agent: Extension number: oridleway or to carry	18. Agent (Telephone nu Country code Country code Country code Email address M. H. M.	Date (DD/MM/ Date (DD/MM/ Contact Details I b/12/ Contact Details Mobile number (optional) Fax number (optional): Fax number (optional): CHINSON © BLUEYO Applicant Other	(date cannot be pre-application) Extension number:
information. I/we confirm that, to the best of my/ou genuine opinions of the person(s) giving them. Signed - Applicant: Other Indian Contact Details Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): 19. Site Visit Can the site be seen from a public road, public footput a site visit, whom should they contact? (Please see If Other has been selected, please provide:	path, t	ed - Agent: Extension number: oridleway or to carry	18. Agent Telephone nu Country code Country code + 44 Country code M. Hut	Date (DD/MM/ Contact Details I b/12/ Contact Details Imbers I National number: I Mobile number (optional) I Fax number (optional): I Fax number (optional): I GOTOTATO SILVEYO	inions given are the YYYYY): (date cannot be pre-application) Extension number: : CIO her (if different from the
information. I/we confirm that, to the best of my/ou genuine opinions of the person(s) giving them. Signed - Applicant: Other has been selected, please provide: Contact name: Other has been selected, please provide: Contact name:	path, t	ed - Agent: Extension number: oridleway or to carry	18. Agent Telephone nu Country code Country code Country code HHH Country code HHH Country code Agent Telephone nu	Date (DD/MM/ Contact Details I b/12/ Contact Details Imbers I Mobile number (optional) I Fax number (optional): I Fax number (optional): I Goptional): I Goptional (optional): I Goptional (optional	inions given are the YYYYY): (date cannot be pre-application) Extension number: : CIO her (if different from the
information. I/we confirm that, to the best of my/ou genuine opinions of the person(s) giving them. Signed - Applicant: Other Indian Contact Details Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): 19. Site Visit Can the site be seen from a public road, public footput a site visit, whom should they contact? (Please see If Other has been selected, please provide:	path, t	ed - Agent: Extension number: oridleway or to carry	18. Agent Telephone nu Country code Country code Country code HHH Country code HHH Country code Agent Telephone nu	Date (DD/MM/ Contact Details I b/12/ Contact Details Imbers I National number: I Mobile number (optional) I Fax number (optional): I Fax number (optional): I GOTOTATO SILVEYO	inions given are the YYYYY): (date cannot be pre-application) Extension number: : CIO her (if different from the

Householder Application for Planning Permission for works or extension to a dwelling.

Town and Country Planning Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Please complete using block capitals and black ink.

1. Applicant Name and Address

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

2. Agent Name and Address

Title: MR First name: MAX WELL
Last name: HUTCHINSON
Company (optional): MAXWELL HUTCHINSON ARCHITECT
Unit: House number: 17 House suffix:
House name:
Address 1: CHART STREET
Address 2:
Address 3:
Town: LONDON
County:
Country:
Postcode: NI 6DD.
NG HOUSE INTO THREE
1 110036 11070 7117666

3. Description of Proposed Works (continued)	
Has the work already started?	
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)
Has the work already been completed?	
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way
Please provide the full postal address of the application site.	Is a new or altered vehicle access proposed to or from the public highway? Yes X No
Unit: House House suffix:	proposed to or from the public highway? Yes No Is a new or altered pedestrian access
House name:	proposed to or from the public highway? Yes X No
Address 1: ST. CHAD'S STREET	Do the proposals require any diversions, extinguishments and/or creation of public rights of way? Yes No
Address 2: KING'S CROSS	If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/
Address 3:	drawing(s):
Town: LONDON	
Town: LONDON County: CAMDEN	
Postcode (optional): WCIH &BD.	
6. Pre-application Advice	7. Trees and Hedges
Has assistance or prior advice been sought from the local authority about this application? 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 possible: Officer name:	Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development? If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:
]]
Reference:	Will any trees or hedges need
	to be removed or pruned in
Date (DD MM YYYY); (must be pre-application submission)	order to carry out your proposal? If Yes, please show on your plans which trees by giving them
Details of the pre-application advice received:	numbers e.g. T1, T2 etc, state the reference number of the plan(s)/
	drawing(s) and indicate the scale.
8 Parking	9. Authority Employee / Member
8. Parking Will the proposed works affect existing car parking arrangements? If Yes, please describe: Yes No	With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff (d) related to an elected member If Yes, please provide details of the name, relationship and role

10. Materials f applicable, please sta	te what materials are to be used externally. Include	e type, colour and name for each material:		
	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	RETAINED WHERE APPLICABLE AND NEW WALLS TO FORM PARTITIONS	ALL TO MATCH EXISTING		
Roof			×	
Windows	USAGE OF EXISTING WHERE APPLICABLE OR REPLACE.	FXISTING		
Doors	RETAINED WHERE APPLICABLE AND APOTOCOL TO FORM SEPERATIONS HAD FIRE BARTIFONING.	۹۲		
Boundary treatments (e.g. fences, walls)			X	
Vehicle access and hard-standing			X	
Lighting	NEW LIGHTING WHERE APPLICABLE	TO MATCH EXISTING.		
Others (please specify)	RENDERED EXTERNAL WALL TO ADDITION	ALL TO MATCH EXISTING.		
	I litional information on submitted plan(s)/drawing(s rences for the plan(s)/drawing(s)/design and acces	- James of	; [No
	02,03,04,05,06,0		3 -	

11. Ownership Certificates and Agricultural Land Declaration

One Certificate A, B, C, or D, must be completed with this application form CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 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* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding**

NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding.

Signed - Applicant: Or signed - Agent:	Date (DD/MM/YYYY):
Telebon (Benne Alem	TECTS) 16/12/13
CERTIFICATE OF OWNERSHIP - CERTIFICATE B Town and Country Planning (Development Management Procedure) (England) Order 2010 Certi I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as 21 days before the date of this application, was the owner* and/or agricultural tenant** of any part of the application relates. * "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. ** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990	listed below) who, on the day
Name of Owner / Agricultural Tenant Address	Date Notice Served
Signed - Applicant: Or signed - Agent:	Date (DD/MM/YYYY):

Town and Country Planning (Dev I certify/ The applicant certifies that: Neither Certificate A or B can be in the land or building, or of a part of the land or building, or of a part of the land or building, or of a part of the land or building, or of a part of the land or building, or of a part of the land or building or of a part of the land or building or of a part of the steps taken were:	CERTIFICATE OF relopment Managen ssued for this applica aken to find out the nof it, but I have/ the alt or leasehold interest	OWNERSHIP - CERT nent Procedure) (Eng tion ames and addresses of pplicant has been una with at least 7 years lea	ificate gland) O of the oth able to de ft to run.	C order 2010 Certificate of ner owners* and/or agri o so.		of
Name of Owner / Agricultural Tenant		Address			Date Notice Serv	ed
Notice of the application has been publis (circulating in the area where the land is	hed in the following i situated):	newspaper	On the	e following date (which 1 days before the date	must not be earlie of the application)	er :
Signed - Applicant:	Ors	igned - Agent:			Date (DD/MM/YY	YY):
Town and Country Planning (Dev I certify/ The applicant certifies that: Certificate A cannot be issued for All reasonable steps have been ta date of this application, was the o have/ the applicant has been una ""owner" is a person with a freehold interest "agricultural tenant" has the meaning given The steps taken were:	elopment Managem this application ken to find out the na wner* and/or agricul ble to do so. or leasehold interest v	nmes and addresses o ltural tenant** of any vith at least 7 years left	f everyor part of the	rder 2010 Certificate une else who, on the day he land to which this ap	21 days before the	e out i
Notice of the application has been publish (circulating in the area where the land is si	ned in the following n	ewspaper	On the	e following date (which I days before the date	must not be earlie	er
teresidently in the died where the land is s	cuateu).		uiaii 2	r days before the date	or the application)	
Signed - Applicant:	Orci	anad Agent:			Date (DD (MANA (VV))	
Signed - Applicant.	Orsi	gned - Agent:			Date (DD/MM/YY	11):
12. Planning Application Require Please read the following checklist to mak information required will result in your ap the Local Planning Authority has been sub	e sure you have sent plication being deem	all the information in	support be cons	of your proposal. Failu idered valid until all info	re to submit all promation required	by
The original and 3 copies of a completed and dated application form:		and 3 copies of a ccess statement if		The correct fee:		
The original and 3 copies of a plan which identifies the land to which the applicatio relates drawn to an identified scale and showing the direction of North: The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:	proposed wo conservation World Herita Listed Buildir	orks fall within a area or ge Site, or relate to a	V	The original and 3 cop completed, dated Ow Certificate (A, B, C or E applicable) and Article Certificate (Agriculture	nership) – as e 12	

13. Declaration			
I/we hereby apply for planning permission/conse information. I/we confirm that, to the best of my/ genuine opinions of the person(s) giving them.	nt as described in th our knowledge, any	is form and the accompanying plans/draw facts stated are true and accurate and any	ings and additional opinions given are the
Signed - Applicant:	Or signed - Agent:	Date (DD/M	MM/YYYY):
	"Allah	(REAVERS ARCHITES)	(date cannot be pre-application)
14. Applicant Contact Details		15. Agent Contact Details	
Telephone numbers		Telephone numbers	
Country code: National number:	Extension number:	Country code: National number:	Extension number:
Country code: Mobile number (optional):		Country code: Mobile number (option	nal);
		+44 0797379	<u> </u>
Country code: Fax number (optional):	<u> </u>	Country code: Fax number (optional):	
		adding to the following	
Email address (optional):		Email address (optional):	
		M. HUTCHINSON QBLUEY	ONDER . LO. UK
16. Site Visit			
Can the site be seen from a public road, public for	otpath, bridleway or	other public land? X Yes	No
If the planning authority needs to make an appoint a site visit, whom should they contact? (Please	ntment to carry e select only one)	MAgent Applicant	Other (if different from the agent/applicant's details)
If Other has been selected, please provide:			
Contact name:		Telephone number:	
MAXWELL HUTCHINSON		07973795210.	
Email address: M. HUTCHINSON @ B	SLUE YOND!	FR. (20 · U)K.	