## Application for Planning Permission. 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.

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 Address
Title: First name:	Title: MR First name: SINCLAIR
Last name:	Last name: JOHNSTON
Company (optional): 27 CONWAY STREET LEASEHOLDERS	Company (optional): SINCLAIR JOHNSTON & PARTNERS
Unit: House number: 27 House suffix:	Unit: House number: 93 House suffix:
House name:	House name:
Address 1: CONWAY STREET	Address 1: GREAT SUFFOLK STREET
Address 2:	Address 2:
Address 3:	Address 3:
Town: LONDON	Town: LONDON
County:	County:
Country: ENGLAND	Country:
Postcode: W1T 6BN	Postcode: SE1 OBX
3. Description of the Proposal	
Please describe the proposed development, including any change	of use:
TO REMOVE MODERN CONCRETE R	OOF TILES & ASPHALT GUTTERS &
REPLACE WITH NATURAL SLATE	ROOF TILES & LEAD GUTTERS &
FLASHING.	
Has the building, work or change of use already started?	Yes No
If Yes, please state the date when building, work or use were started (DD/MM/YYYY):	(date must be pre-application submission)
Has the building, work or change of use been completed?	Yes No
If Yes, please state the date when the building, work or change of use was completed: (DD/MM/YYYY):	(date must be pre-application submission)
	\$Date:: 2013-04-30 #\$ \$Revision: 5504 \$

4. Site Address Details	5. Pre-application Advice
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local
Unit: House 2 7 House suffix:	authority about this application?  Yes  No
House name:	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
Address 1: CONWAY STREET	application more efficiently).
Address 2:	Please tick if the full contact details are not known, and then complete as much as possible:
Address 3:	Officer name:
Town:	
County:	Reference:
Postcode (optional): W1T GBW	
Description of location or a grid reference. (must be completed if postcode is not known):	Date (DD/MM/YYYY): (must be pre-application submission)
Easting: Northing:	Details of pre-application advice received?
Description:	
GRADE II LISTED, 5 STOREY VICTORIAN TERRACE	
TERRACE	
6. Pedestrian and Vehicle Access, Roads and Rights of Way	7. Waste Storage and Collection
Is a new or altered vehicle access proposed	
to or from the public highway? Yes No	Do the plans incorporate areas to store and aid the collection of waste?  Yes  No
Is a new or altered pedestrian access proposed to or from	If Yes, please provide details:
the public highway? Yes No	
Are there any new public roads to be provided within the site?	
Are there any new public	
rights of way to be provided within or adjacent to the site?	
Do the proposals require any diversions	Have arrangements been made
/extinguishments and/or	for the separate storage and
Creation of rights of way:	collection of recyclable waste?
If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawings(s)	If Yes, please provide details:
(s)/drawnigs(s)	
8. Authority Employee / Member	
With respect to the Authority, I am: (a) a member of staff	Do any of these statements apply to you? Yes No
(b) an elected member (c) related to a member of staff	
(d) related to an elected memb	
If Yes, please provide details of the name, relationship and role	

	Existing (where applic	cable)		Proposed			Don' Knov
Walls							
Roof		ETE TILES AND T GUTTERS		SLATE ROOF TILES AND LEAD GUTTERS & FLASHING			
Windows						d	
Doors							
Boundary treatments (e.g. fences, walls)			22 F 79				
Vehicle access and hard-standing							
Lighting							
Others (please specify)	COVER	TER GODDS - ASPMA CINC TO TAPERED GUTTERS		REPLACE WITH ( RETAIN EXISTING			Г
Are you supplying add			s)/drawing(	s)/design and access statem	ent? Yes	[	N
FYes, please state refe ROOF PLAN ROOF PLAN A: PROPOSED ROO PHOTOGRAPHI	AS PROPO S EXISTING OF SECTION	e plan(s)/drawing(s)/design	n and acces	s statement:			
0. Vehicle Parkir	_						
		ne existing and proposed r Total		n-site parking spaces: al proposed (including	Difference	ce	
	Existing			spaces retained)	in space		
Cars  Light goods vehicles/ public carrier vehicles							
Motorcycle							
Disability spa	aces						
Cycle space	es				100 100 100		
Other (e.g. B	lus)		7 =				
Other (e.g. B	), is						

11. Foul Sewage	12. Assessment of Flood Risk
Please state how foul sewage is to be disposed of:	Is the site within an area at risk of flooding? (Refer to the
Mains sewer Cess pit	Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)
Septic tank Other	Yes No
Package treatment plant	If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.
Are you proposing to connect to the existing drainage system? Yes No	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes No
	Will the proposal increase
If Yes, please include the details of the existing system on the application drawings and state references for the	the flood risk elsewhere?
plan(s)/drawing(s):	How will surface water be disposed of?
	Sustainable drainage system Existing watercourse
	Soakaway Pond/lake
	Main sewer
13. Biodiversity and Geological Conservation	14. Existing Use
To assist in answering the following questions refer to the guidance	Please describe the current use of the site:
notes for further information on when there is a reasonable likelihood that any important biodiversity or geological	DWELLING UNITS
conservation features may be present or nearby and whether they are likely to be affected by your proposals.	
Having referred to the guidance notes, is there a reasonable	Is the site currently vacant? Yes No
likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to	If Yes, please describe the last use of the site:
or near the application site?	
a) Protected and priority species:	
Yes, on the development site	
Yes, on land adjacent to or near the proposed development	When did this use end (if known)?
No	DD/MM/YYYY (date where known may be approximate)
b) Designated sites, important habitats or other biodiversity features:	Does the proposal involve any of the following?
Yes, on the development site	If yes, you will need to submit an appropriate contamination assessment with your application.
Yes, on land adjacent to or near the proposed development	Land which is known to be contaminated? Yes No
☑ No	Land where contamination is
c) Features of geological conservation importance:	suspected for all or part of the site?  Yes  No
Yes, on the development site	A proposed use that would
Yes, on land adjacent to or near the proposed development No	be particularly vulnerable to the presence of contamination?
15. Trees and Hedges	16. Trade Effluent
Are there trees or hedges on the proposed development site?  Yes  No	Does the proposal involve the need to dispose of trade effluents or waste?  Yes
And/or: Are there trees or hedges on land adjacent to the	If Yes, please describe the nature, volume and means of disposal
proposed development site that could influence the development or might be important as part of the local landscape character?	of trade effluents or waste
If Yes to either or both of the above, you may need to provide a full	
Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be	
submitted alongside your application. Your local planning	
authority should make clear on its website what the survey should	

17. Residential Units (Including Conversion) Does your proposal include the gain, loss or change of use of residential If Yes, please complete details of the changes in the tables below:						tial units? Yes	N	o .							
P	ropos	ed F	lous	ing					Existir	ng H	ousi	ng			
Market	Not	***************************************	Numb				Total	Market	Not			er of			Total
Housing Houses	known	1	2	3	4+	Unknown	<u> </u>	Housing Houses	known	1	2	3	4+	Unknown	
Flats and maisonettes					-			Flats and maisonettes							
Live-work units	ᆲ					****		Live-work units							
Cluster flats								Cluster flats							
Sheltered housing								Sheltered housing						3	
Bedsit/studios								Bedsit/studios							
		****						Unknown type							
Unknown type	T.		(a ) b	161	d 1 0	+ f + q) =		Officiowif type		tale	(0 4 h	1.71	d ± 0 -	+ f + g) =	
	- 10	otais	(a + b	ተርተ	a+e-	+1+9)=			10	Lais	(u + D	тст	u T E	+1+9/-	
Social Rented	Not known	1	Numb 2	per of		oms Unknown	Total	Social Rented	Not known	1	Numb 2	per of		oms Unknown	Tota
Houses						<u> </u>		Houses							*******
Flats and maisonettes								Flats and maisonettes							
Live-work units								Live-work units							
Cluster flats								Cluster flats							
Sheltered housing								Sheltered housing							
Bedsit/studios								Bedsit/studios							
Unknown type								Unknown type							
	Т	otals	(a + b	) + <i>C</i> +	d+e	+f+g)=		Totals $(a+b+c+d+e+f+g) =$							
Intermediate	Not known		Numl 2	oer of		ooms Unknowr	Total	Intermediate	Not known	1	Numi 2	ber of 3		ooms Unknown	Tota
Houses								Houses			ļ				
Flats and maisonettes								Flats and maisonettes							
Live-work units								Live-work units		·	<u> </u>				ļ
Cluster flats			<u> </u>					Cluster flats			<u> </u>			1	ļ
Sheltered housing							_	Sheltered housing			<u> </u>		ļ		ļ
Bedsit/studios								Bedsit/studios			ļ				ļ
Unknown type					ļ		<u> </u>	Unknown type					<u> </u>		
	Ţ	otals	(a + l	)+c+	d+e	+ f + g) =			T	otals	(a + l	b + c +	-d+e	+ f + g) =	
	1	T	λ1·	ha= - '	F D ~ ~ 1		Total		NI = 1		Num	her o	f Rad-	ooms	Tota
Key worker	Not known	1	Num 2	ber of	4+	ooms Unknow		Key worker	Not known	1	2	3		Unknowr	+
Houses								Houses							
Flats and maisonettes	5 <b></b>							Flats and maisonette	s 🗆						
Live-work units								Live-work units							
Cluster flats								Cluster flats							
Sheltered housing								Sheltered housing							
Bedsit/studios								Bedsit/studios							
Unknown type								Unknown type							
	1	otal	s (a +	b+c-	+ d + e	: + f + g) =			1	otal	s (a +	b+c-	+ d + e	e + f + g) =	
Total proposed	resider	ntial	units	(A +	- B + C	(+ D) =		Total existing	g reside	ntial	units	; (E	+ F + 0	G + H) =	
TOTAL NET GAIN O	rloss	of RE	SIDFI	IAIT	UNIT	S (Propo	sed H	ousing Grand Total - Ex	istina H	ousii	ng Gr	and T	otal):		

	Types of Development of the lost of the lo			=		pace? Yes	<b>No</b>
	ı have answered Yes to th	_					15
	Use class/type of use			Gross internal to be lost by o use or dem (square m	floorspace hange of olition	Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following development (square metres)
A1	Shops						
	Net tradable area:						
A2	Financial and professional services						
A3	Restaurants and cafes						
A4	Drinking establishments						
A5	Hot food takeaways						
B1 (a)	Office (other than A2)						
B1 (b)	Research and development						
B1 (c)	Light industrial			K			
B2	General industrial						mm - pampi siliki yana ki
B8	Storage or distribution						
C1	Hotels and halls of residence						
C2	Residential institutions						
D1	Non-residential institutions						
D2	Assembly and leisure						
OTHER							
Please Specify							
	Total		H T T T T T T				
In ad	dition, for hotels, residen	tial in	stitutions and ho	stels, please ad	ditionally in	dicate the loss or gain of r	ooms
Use class	Type of use   Not applicable	Exist	ing rooms to be of use or dem	lost by change olition	Total roon cl	ns proposed (including nanges of use)	Net additional rooms
C1	Hotels						
C2	Residential Institutions						1
OTHER							
Please Specify							
	ployment						
Please c	omplete the following in	forma	ation regarding e	mployees:		T-4	16.H e
	V _ = = V		Full <del>-tim</del> e	Part	-time		al full-time quivalent
Ex	isting employees						
Pro	posed employees						
	urs of Opening	-					
Plea	se state the hours of oper					Sunday and	Not known
	Use N	nonda	ay to Friday	Saturda	ly .	Bank Holidays	Not known
				<u> </u>			
21. Sit	e Area						
Please s	tate the site area in hecta	res (ŀ	na) 84 m	2			

22. Industrial or Commercial Proce	sses	and Machinery	/				
Please describe the activities and processes which would be carried out on the site and the end products including blant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:							
Is the proposal a waste management develo	pmei	nt? Yes	No				
If the answer is Yes, please complete the foll	owin	g table:	tent (" ) "E) en Marinillo				
	Not applicable	The total capaci including engine allowance for co tonnes if solid	ity of the void in cubic metres, ering surcharge and making no over or restoration material (or waste or litres if liquid waste)	Maximum annual operational throughput in tonnes (or litres if liquid waste)			
Inert landfill							
Non-hazardous landfill							
Hazardous landfill							
Energy from waste incineration							
Other incineration							
Landfill gas generation plant							
Pyrolysis/gasification							
Metal recycling site							
Transfer stations							
Material recovery/recycling facilities (MRFs)							
Household civic amenity sites		2 = 1 - 1					
Open windrow composting							
In-vessel composting							
Anaerobic digestion  Any combined mechanical, biological and/ or thermal treatment (MBT)							
Sewage treatment works							
Other treatment							
Recycling facilities construction, demolition							
and excavation waste  Storage of waste							
Other waste management	旨						
Other developments							
Please provide the maximum annual operat	tional	l throughput of the	following waste streams:				
Municipal							
Construction, demolition and	excav	ation					
Commercial and indust	rial						
Hazardous							
If this is a landfill application you will need planning authority should make clear what	to pro	ovide further inforn mation it requires	nation before your application on its website.	can be determined. Your waste			
23. Hazardous Substances							
Does the proposal involve the use or storag the following materials in the quantities sta			No Not appli	cable			
If Yes, please provide the amount of each s	ubsta	nce that is involved	d:				
Acrylonitrile (tonnes)		Ethylene oxide (tor	nnes)	Phosgene (tonnes)			
Ammonia (tonnes)	Нус	drogen cyanide (to:	nnes)	Sulphur dioxide (tonnes)			
Bromine (tonnes)		Liquid oxygen (to	nnes)	Flour (tonnes)			
Chlorine (tonnes)	iquid	petroleum gas (to	nnes) Refi	ned white sugar (tonnes)			
Other:			Other:				
Amount (tonnes):			Amount (tonnes):				

## 24. 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\*\*

is part of, an agricultural holding**						
NOTE: You should sign Certificate B, C application relates but the land is, or is	or D, as appropriate, if you are the sole owner of the land or building to spart of, an agricultural holding.	o which the				
* "owner" is a person with a freehold intere ** "agricultural holding" has the meaning of	st or leasehold interest with at least 7 years left to run. given by reference to the definition of "agricultural tenant" in section 65(8) of th	ne Act.				
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):				
I certify/ The applicant certifies that I ha 21 days before the date of this application application relates. * "owner" is a person with a freehold interest	velopment Management Procedure) (England) Order 2010 Certificate ve/the applicant has given the requisite notice to everyone else (as listed lon, was the owner* and/or agricultural tenant** of any part of the land of store leasehold interest with at least 7 years left to run. iven in section 65(8) of the Town and Country Planning Act 1990	pelow) who, on the day				
Name of Owner / Agricultural Tenant	Address Date Notice Served					
ANNE BARKHAM +TIM BARKHAM GO CAROLINE BARKHAM	(IN RESPECT TO KT/BASEMENT FLOOR FLATS, 27 CONWAY STREET) 29" APRIL 14					
SUE & JACK CHARTERS	33 AISLA ROAD, TWICKENHAM, TWI IQT (IN RESPECT TO 32D FLOOR FLAT, 27 CONWAY STREET) 29 # APRIL 14					
DAVID EVISON	240 FLOOR FLAT (FRONT), 27 CONWAY STREET, 29 ** APRIL' 14					
STEPHEN BROWN	2NO FLOOR FLAT (STUDIO), 27 CONWAY STREET, 29" APRIL'14					
THE ESTATE OF DAVID CROSSWAITE .	GROUNDFLOOR FLAT, 27 CONWAY STREET, LONDON, WIT GBN.	294 APRIL ' 14				
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY)				

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

21 - 8 - 2014:

Town and Country Planning (Dev. I certify/ The applicant certifies that: Neither Certificate A or B can be is All reasonable steps have been to the land or building, or of a part of "owner" is a person with a freehold interest "agricultural tenant" has the meaning give The steps taken were:	CERTIFICATE elopment Mana ssued for this application to find out to fit, but I have/tit or leasehold interess.	e OF OWNERSH agement Proce plication he names and a he applicant ha erest with at leas	IP - CERTIF dure) (Engl addresses of s been unak t 7 years left	TICATE C land) Order 2010 Certificate the other owners* and/or agole to do so.			
Name of Owner / Agricultural Tenant			Address		Date Notice Served		
		/					
Notice of the application has been publis (circulating in the area where the land is	shed in the follov situated):	ving newspape	r	On the following date (whice than 21 days before the date	h must not be earlier e of the application):		
Signed - Applicant:		Or signed - Agent:			Date (DD/MM/YYYY):		
Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 I certify/ The applicant certifies that: Certificate A cannot be issued for this application All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner* and/or agricultural tenant** of any part of the land to which this application relates, 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 1 years left to run.  ** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990  The steps taken were:							
Notice of the application has been publis (circulating in the area where the land is	shed in the follow situated):	ving newspape	r	On the following date (which than 21 days before the date	ch must not be earlier te of the application):		
					D (55 % )		
Signed - Applicant:		Or signed - Ag	ent:		Date (DD/MM/YYYY):		
25. Planning Application Requipments read the following checklist to mainformation required will result in your at the Local Planning Authority has been su	ake sure you have pplication being	e sent all the int	formation ir d. It will not	support of your proposal. Fa be considered valid until all i	ilure to submit all nformation required by		
The original and 3 copies of a completed application form:	l and dated		The correc				
The original and 3 copies of the plan whithe land to which the application relates	drawn to an		if required	al and 3 copies of a design an (see help text and guidance i	notes for details):		
identified scale and showing the direction of North:  The original and 3 copies of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 12 Certificate (Agricultural Holdings):							

26. Declarati	0.19					
I/we hereby appl information. I/we	ly for planning permission/cons	ent as described in th /our knowledge, any	is form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the			
Signed - Applicar	nt:	Or signed - Agent:	Date (DD/MM/YYYY):			
			(date cannot be pre-application)			
27. Applican	t Contact Details		28. Agent Contact Details			
Telephone numl	bers		Telephone numbers			
Country code:	National number:	Extension number:	Country code: National number:    OO 44			
Country code:	Mobile number (optional):		Country code: Mobile number (optional):			
Country code:	Fax number (optional):		Country code: Fax number (optional):			
Email address (o	optional):		Email address (optional):  STOHNSTON @ SINCLAIR JOHNSTON. CO. UK			
29. Site Visit						
Can the site be s	een from a public road, public f	ootpath, bridleway o	r other public land? Yes No			
If the planning a out a site visit, w	uthority needs to make an appo hom should they contact? ( <i>Plea</i>	ointment to carry see select only one)	Agent Applicant Other (if different from the agent/applicant's details)			
If Other has been	n selected, please provide:					
Contact name:			Telephone number:			
SINCLA	IR JOHNSTON		0207 593 1900			
Email address:	SJOHNSTONESIN	CLAIRJOHNST	TON. CO. UK			