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: MA First name: Recurs	Title: First name:
Last name: BARDW. A	Last name:
Company (optional): 15LINGFOWT CAMPEN CENTERY SERVICES	Company (optional):
Unit: House number: 69 House suffix:	Unit: House House suffix:
House name: Chithay cogat	House name:
Address 1: FOLONE CALON RAM	Address 1:
Address 2:	Address 2:
Address 3:	Address 3:
Town: UEST HAMPSNEAS	Town:
County: Lawyand	County:
Country: UK	Country:
Postcode: NW6 19R	Postcode:
3. Description of the Proposal Please describe the proposed development, including any change o	f use:
TO INSTALL A TOUCH SCHEW T	6 ENASCE VISITORS TO VICU
A CEMETRY MAP AND FIND DE	MILS of AMOUS PEOPLE BURIES
TO INSTALL A TOUCH SCHED T A CEMETERY MAP AND FIND DET WITHIN THE CEMETERY	
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 Lq House suffix:	authority about this application? Yes No
House name: Chylthey coolf	If Yes, please complete the following information about the advice
Address 1: Foront Catters Road	you were given. (This will help the authority to deal with this 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: WEST KAMPSTERS	TESSA CRAIG
County: Compon	Reference:
Postcode (optional): NW6 190	69 FORENE CARGON ROMS
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:	To complete this form + SUBMIT
	A specification of the phoposing
	INSTALLATION (ATTACKED)
	The state of the s
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 Y No	
Are there any new public roads to be	
provided within the site? Yes No	
Are there any new public rights of way to be provided	
within or adjacent to the site? Yes No	
Do the proposals require any diversions /extinguishments and/or	Have arrangements been made
creation of rights of way?	for the separate storage and 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	If Yes, please provide details:
(s)/drawings(s)	
Co. Buth suits Francisco / Mombos	
8. Authority Employee / Member 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	Do any of these statements apply to you? Yes No
If Yes, please provide details of the name, relationship and role	ਤ।
11 1 CS, preuse provide details St. Atta Tarrey.	A A ANTA PROVINCE

	Existing (where applicable)			Proposed	<u></u>	Not applicable	Don't Know
Walls							
Roof			· ·				
Windows						Ø	
Doors		AND				1	
Boundary treatments (e.g. fences, walls)		Na 17	-				
Vehicle access and hard-standing			. 19.47			Ø	
Lighting							- Andrews
Others (please specify)			de and de alexanders and the second s				
Are you supplying add)/design and access statem s statement:	nent? Yes		No No
10. Vehicle Parkir	_						
Type of Vehi		Total Existing		n-site parking spaces: Il proposed (including spaces retained)	Differenc in space		
Cars			-				
Light goods ver	hicles/						
Motorcycle		······································					
Disability spa		- Address and the second secon					
Cycle space							
Other (e.g. B				Again.	1	***************************************	
Other (e.g. B						- Allermen	

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				
	If Yes, you will need to submit a Flood Risk Assessment to consider				
Package treatment plant	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				
If Yes, please include the details of the existing system on the application drawings and state references for the	Will the proposal increase the flood risk elsewhere? Yes No				
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				
	Please describe the current use of the site:				
To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable	CEMETRAL OFFICE ON ENTRANCE To CEMETERY				
likelihood that any important biodiversity or geological conservation features may be present or nearby and whether	To cinyeting				
they are likely to be affected by your proposals.					
Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved	Is the site currently vacant?				
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					
No	When did this use end (if known)?				
b) Designated sites, important habitats or other biodiversity	(date where known may be approximate)				
features:	Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination				
Yes, on the development site	assessment with your application.				
Yes, on land adjacent to or near the proposed development No	Land which is known to be contaminated? Yes No				
c) Features of geological conservation importance:	Land where contamination is 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	be particularly vulnerable to the presence of contamination?				
No No					
15. Trees and Hedges	16. Trade Effluent				
Are there trees or hedges on the	Does the proposal involve the need to				
proposed development site? Yes No	dispose of trade effluents or waste? If Yes, please describe the nature, volume and means of disposal				
And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the	of trade effluents or waste				
development or might be important as part of the local landscape character? Yes No					
If Yes to either or both of the above, you <u>may</u> 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 contain, in accordance with the current 'BS5837: Trees in relation to					
design, demolition and construction - Recommendations'.					

Proposed Housing								Existing Housing							
Market	Not		Num	ber of	Bedi	ooms	Total	Market	Not Number of Bedrooms				ooms	Tota	
Housing	known	1	2	3	4+	Unknown		Housing	known	1	2	3	4+	Unknown	
Houses			-	ļ				Houses							
Flats and maisonettes	_=							Flats and maisonettes							
Live-work units				ļ				Live-work units							
Cluster flats		<u> </u>	ļ	ļ				Cluster flats							
Sheltered housing		<u> </u>	.	ļ				Sheltered housing							Ì
Bedsit/studios								Bedsit/studios							
Unknown type				<u> </u>				Unknown type							
Totals (a+b+c+d+e+f+g) =							Т	otals	(a + t) + c +	d+e	+f+g)=			
Social Rented	Not known	1		_	Y***	ooms	Total	Social Rented	Not			Ŧ		ooms	Tota
Houses			2	3	4+	Unknown			known	1	2	3	4+	Unknown	
Flats and maisonettes								Houses			-		_		
Live-work units								Flats and maisonettes			<u> </u>		<u> </u>		
Cluster flats			 					Live-work units			ļ				
Sheltered housing			-					Cluster flats					ļ		
Bedsit/studios			 					Sheltered housing			ļ	****	-		
								Bedsit/studios			ļ		<u></u>		
Unknown type			<u> </u>	******		<u> </u>		Unknown type			<u> </u>				
	14	otals	(a + b	+ C +	d+e	+ f + g) =			T	otals	(a + b	+ C+	d+e	+ f + g) =	
	Not		Numl	ner of	Redr	ooms	Total	Intermediate Not Number of Bedrooms Tota					Tota		
Intermediate	known	1	2	3	4+	Unknown	10.00	Intermediate	Not known		2	ger or	веаг 4+	unknown	TOTA
Houses								Houses							
Flats and maisonettes								Flats and maisonettes							
Live-work units								Live-work units							
Cluster flats								Cluster flats							
Sheltered housing								Sheltered housing				111111			
Bedsit/studios								Bedsit/studios		~~~~					
Unknown type						*****		Unknown type							
Totals $(a+b+c+d+e+f+g) =$					d + e	+ f + g) =			To	otals	(a + b	+ (+	d+e	+f+g) =	
														3,	
			A I L	er of	Bedro		Total	16	Not		Numb	er of			Tota
Key worker	Not					1		i Kev Worker				3	4+	Unknown	
	known		2	3	4+-	Unknown		Key worker	known	_1	2				
Houses	known				4+	Unknown		Houses		1	2				
Houses Flats and maisonettes	known				4+	Unknown		Houses Flats and maisonettes		1	2		*****		
Houses Flats and maisonettes Live-work units	known				4-+-	Unknown		Houses Flats and maisonettes Live-work units		1	2				
Houses Flats and maisonettes Live-work units Cluster flats	known				4-+-	Unknown		Houses Flats and maisonettes Live-work units Cluster flats		1	2				
Houses Flats and maisonettes Live-work units Cluster flats Sheltered housing	known				4+-	Unknown		Houses Flats and maisonettes Live-work units Cluster flats Sheltered housing		1	2				
Houses Flats and maisonettes Live-work units Cluster flats Sheltered housing Bedsit/studios	known				4+	Unknown		Houses Flats and maisonettes Live-work units Cluster flats Sheltered housing Bedsit/studios		1	2				
Houses Flats and maisonettes Live-work units Cluster flats Sheltered housing	known	1	2	3				Houses Flats and maisonettes Live-work units Cluster flats Sheltered housing		1	2				
Houses Flats and maisonettes Live-work units Cluster flats Sheltered housing Bedsit/studios	known	1	2	3		Unknown + f + g) =		Houses Flats and maisonettes Live-work units Cluster flats Sheltered housing Bedsit/studios					d+e	+ f + g) =	
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				Non-resident	-		2262	Z.N	
Does your proposal involve the loss, gain or change of use of non-residential floorspace? If you have answered Yes to the question above please add details in the following table:									
	se class/type		Not applicable		Gross internal to be lost by use or den	floorspace change of nolition	Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following development (square metres)	
A1	She	ops							
		able area:							
A2	Financ profession	ial and al services							
A3	Restaurant	s and cafes							
A4	Drinking est	ablishments							
A5	Hot food t	takeaways							
B1 (a)	1	er than A2)						***************************************	
B1 (b)		ch and pment				91.11			
B1 (c)	Light in	dustrial				9			
B2	General i	ndustrial							
B8	_	distribution							
C1		nd halls of lence							
C2		institutions							
D1		sidential utions							
D2	Assembly	and leisure							
OTHER									
Please Specify									
		tal							
In ad							dicate the loss or gain of I	ooms	
Use class	Type of use	Not applicable	Exist	ing rooms to be of use or dem	lost by change polition	Total room ch	ns proposed (including nanges of use)	Net additional rooms	
C1	Hotels							MATERIAL CONTRACTOR OF THE STATE OF THE STAT	
C2	Residential Institutions								
OTHER									
Please Specify									
	ployment								
Please c	omplete the i	following inf	orma	tion regarding e	<u> </u>		I Tot	al full-time	
				Full-time	Part-	time		uivalent	
	visting employ oposed emplo			Not	RELEVAN	•←			
20. Ho	urs of Ope	ning							
Plea	se state the h	ours of open	ing fo	or each non-resid	lential use prop	osed:		***************************************	
	Use	М	onda	y to Friday	Saturda	у	Sunday and Bank Holidays	Not known	
CEMEN	My visin	ous 7.	30	- 6.00	9.00-	6.00	10,00-6.00		
21. Sit									
Please s	tate the site a	rea in hectar	es (ha	(00 SMA	e to MESS	vaE			

22. Industrial or Commercial Proce	sses and Machine	'n					
Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:							
Is the proposal a waste management develo	pment? Yes	No					
If the answer is Yes, please complete the following	owing table:						
	ਲਿ including engine allowance for d	city of the void in c eering surcharge a cover or restoratior I waste or litres if li	nd making no n material (or	Maximum annual oper throughput in tonr (or litres if liquid wa	nes		
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		<u> </u>					
Open windrow composting							
In-vessel composting							
Anaerobic digestion			1				
Any combined mechanical, biological and/ or thermal treatment (MBT)							
Sewage treatment works							
Other treatment							
Recycling facilities construction, demolition and excavation waste							
Storage of waste				ANAMOTO CONTRACTOR CON			
Other waste management							
Other developments				· LOR SUBUNISHMENT · · · ·			
Please provide the maximum annual operat	ional throughput of the	e following waste s	treams:	Wilder			
Municipal	J ,						
Construction, demolition and	excavation						
Commercial and indust	rial						
Hazardous							
If this is a landfill application you will need to planning authority should make clear what	to provide further infor information it requires	mation before you on its website.	r application car	ı be determined. Your wa	iste		
23. Hazardous Substances							
Does the proposal involve the use or storag the following materials in the quantities sta		No	Not applica	ble			
If Yes, please provide the amount of each su		<u>—</u> d:					
Acrylonitrile (tonnes)	Ethylene oxide (to			Phosgene (tonnes)			
Ammonia (tonnes)	Hydrogen cyanide (to	onnes)	Sul	lphur dioxide (tonnes)			
Bromine (tonnes)	Liquid oxygen (to			Flour (tonnes)			
\	iquid petroleum gas (to		Refined	d white sugar (tonnes)			
Other:		Other:					
Amount (tonnes):	on some	Amount (ton	nes).				
r Amount (tolines).		AHIQUHE (LOH	1160).				

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 | 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**

owner* of any part of the land or building is part of, an agricultural holding**	to which the application relates, and that none of the land t	o which the application relates is, or
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 part of, an agricultural holding.	or building to which the
* "owner" is a person with a freehold interes ** "agricultural holding" has the meaning g	t or leasehold interest with at least 7 years left to run. iiven by reference to the definition of "agricultural tenant" in sec	ction 65(8) of the Act.
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
21 days before the date of this application application application relates. * "owner" is a person with a freehold interes * "agricultural tenant" has the meaning given	CERTIFICATE OF OWNERSHIP - CERTIFICATE B relopment Management Procedure) (England) Order 201 re/the applicant has given the requisite notice to everyone ear, was the owner* and/or agricultural tenant** of any part or leasehold interest with at least 7 years left to run. even in section 65(8) of the Town and Country Planning Act 1990	else (as listed below) who, on the day of the land or building to which this
Name of Owner / Agricultural Tenant	Address	Date Notice Served
Congon SonerCK of Compe	\sim	
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):

24. Ownership Certificates and	CERTIFICAT	E OF OWNERS	HIP - CERTII	FICATE C	under Article 12	
Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 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* and/or agricultural tenants** 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. ""agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990						
The steps taken were:		•		**************************************		\neg
Name of Owner / Agricultural Tenant			Address		Date Notice Serve	ed
					A COMPANY OF THE PROPERTY OF T	
						_
				·		
Notice of the application has been publi (circulating in the area where the land is	shed in the follow	wing newspap	er	On the following date (which than 21 days before the date	h must not be earlier e of the application):	r
Signed - Applicant:		Or signed - A	gent:		Date (DD/MM/YY	
Jighed Applicant.		Or signed 14	gent.	A CALL AND PROCESSION PROCESSION PROPERTY.		·· <i>,,</i>
Town and Country Planning (De I certify/ The applicant certifies that: Certificate A cannot be issued fo All reasonable steps have been t date of this application, was the have/ the applicant has been un * "owner" is a person with a freehold interes "agricultural tenant" has the meaning git The steps taken were:	velopment Man r this application aken to find out owner* and/or a able to do so. st or leasehold into	the names and agricultural tenderest with at lea	addresses of ant** of any l	land) Order 2010 Certificate f everyone else who, on the da part of the land to which this a to run.	ay 21 days before the	e out l
Notice of the application has been publi (circulating in the area where the land is		wing newspape	er	On the following date (whice than 21 days before the date	h must not be earlie e of the application):	r :
Signed - Applicant:		Or signed - Ag	gent:		Date (DD/MM/YY	YY):
25. Planning Application Requi						
Please read the following checklist to ma information required will result in your a the Local Planning Authority has been s	pplication being	e sent all the in I deemed invali	formation in id. It will not	support of your proposal. Fai be considered valid until all ir	ilure to submit all nformation required	by
The original and 3 copies of a completed application form:	d and dated		The correct	t fee:		
The original and 3 copies of the plan wh	ich identifies		The original	al and 3 copies of a design and (see help text and guidance n	l access statement, otes for details)	
the land to which the application relates identified scale and showing the direction	drawn to an		The origina	al and 3 copies of the complet	ed, dated	<u></u>
The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:						

26. Declaration							
I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.							
Signed/Applicant: Date (DD/MM/YYYY):							
Wood C	30.7.14 (date cannot be pre-application)						
27. Applicant Contact Details	28. Agent Contact Details						
Telephone numbers	Telephone numbers						
Country code: National number: Olo 7527 8804	Country code: National number: Extension number:						
Country code: Mobile number (optional):	Country code: Mobile number (optional):						
Country code: Fax number (optional):	Country code: Fax number (optional):						
Email address (optional):	Email address (optional):						
RICHARD. BARDW. A QISCINGTON, CON. UK							
29. Site Visit							
Can the site be seen from a public road, public footpath, bridleway or o	other public land? Yes No						
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (<i>Please select only one</i>)	Agent Applicant Other (if different from the agent/applicant's details)						
If Other has been selected, please provide:	— agentrappicant's details)						
Contact name:	Telephone number:						
Email address:							