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Development Management
Camden Town Hall Extension
Argyle Street
London WC1H 8EQ

Application for consent to display an advertisement(s). Town and Country Planning (Control of Advertisement) Regulations 2007

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.

1. Applicant Name, Address and Contact Details

| | | | | | |
|---|--|-------------------|----------------------|----------------------|----------------------|
| Title: | <input type="text" value="Mr"/> | First name: | <input type="text"/> | Surname: | <input type="text"/> |
| Company name | <input type="text" value="Shepherd Foods Holdings Ltd"/> | | | | |
| Street address: | <input type="text" value="c/o AGENT"/> | | | | |
| | <input type="text"/> | Telephone number: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | Mobile number: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Town/City | <input type="text"/> | Fax number: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| County: | <input type="text"/> | Email address: | <input type="text"/> | | |
| Country: | <input type="text" value="United Kingdom"/> | | | | |
| Postcode: | <input type="text"/> | | | | |
| Are you an agent acting on behalf of the applicant? <input checked="" type="radio"/> Yes <input type="radio"/> No | | | | | |

2. Agent Name, Address and Contact Details

| | | | | | |
|-----------------|--|-------------------|--|--|-----------------------------------|
| Title: | <input type="text"/> | First Name: | <input type="text" value="Jackie"/> | Surname: | <input type="text" value="Ford"/> |
| Company name: | <input type="text" value="Rapleys"/> | | | | |
| Street address: | <input type="text" value="51 Great Marlborough Street"/> | | | | |
| | <input type="text"/> | Telephone number: | <input type="text"/> | <input type="text" value="07770328674"/> | <input type="text"/> |
| | <input type="text"/> | Mobile number: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Town/City | <input type="text" value="London"/> | Fax number: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| County: | <input type="text" value="London"/> | Email address: | <input type="text" value="jmf@rapleys.co.uk"/> | | |
| Country: | <input type="text"/> | | | | |
| Postcode: | <input type="text" value="W1F 7JT"/> | | | | |

3. Site Address Details

Full postal address of the site (including full postcode where available)

| | | | |
|-----------------|---|---------|----------------------|
| House: | <input type="text" value="77"/> | Suffix: | <input type="text"/> |
| House name: | <input type="text"/> | | |
| Street address: | <input type="text" value="Shelton Street"/> | | |
| | <input type="text"/> | | |
| Town/City: | <input type="text" value="London"/> | | |
| County: | <input type="text"/> | | |
| Postcode: | <input type="text" value="WC2B 5RH"/> | | |

Description of location or a grid reference
(must be completed if postcode is not known):

| | |
|-----------|-------------------------------------|
| Easting: | <input type="text" value="530323"/> |
| Northing: | <input type="text" value="181251"/> |

Description:

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

☒ Yes ☐ No

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):

Officer name:

| | | |
|--|--|---|
| Title: <input type="text" value="Ms"/> | First name: <input type="text" value="Karen"/> | Surname: <input type="text" value="Scarbrick"/> |
|--|--|---|

Reference:

Date (DD/MM/YYYY): (Must be pre-application submission)

Details of the pre-application advice received:

5. Neighbour and Community Consultation

Have you consulted your neighbours or the local community about the proposal?

☐ Yes ☒ No

6. 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

7. Type of Proposed Advertisement(s)

Please describe the proposed advertisement(s):

How many of the following type of advertisements are you applying for?

| | | | | | | | |
|----------------|--------------------------------|-------------------------------|--------------------------------|-------------|--------------------------------|-------|--------------------------------|
| Fascia sign(s) | <input type="text" value="1"/> | Projecting or hanging sign(s) | <input type="text" value="0"/> | Hoarding(s) | <input type="text" value="0"/> | Other | <input type="text" value="0"/> |
|----------------|--------------------------------|-------------------------------|--------------------------------|-------------|--------------------------------|-------|--------------------------------|

8. Location of Advertisement(s)

Is the advertisement(s) you are applying for already in place?

☐ Yes ☒ No

Is an existing advertisement(s) to be removed and replaced by the advertisement(s) in this proposal?

☒ Yes ☐ No ☐ Not Applicable

If Yes to either or both above, please show the existing sign(s) on an elevation drawing or photograph and state the references for the drawing(s) or photograph(s).

Will the proposed advertisement(s) project over a footpath or other public highway?

☐ Yes ☒ No

9. Advertisement(s) Period

Please state the period of time for which consent is sought for the advertisement

| | | | |
|-------|---|-----|---|
| From: | <input type="text" value="15/10/2014"/> | To: | <input type="text" value="15/10/2019"/> |
|-------|---|-----|---|

10. Interest in the Land

Does the applicant own the land or buildings where the adverts are to be placed?

☒ Yes ☐ No

11 (a). Details of Proposed Advertisement(s) - Fascia Sign

What is the height from the ground to the base of the advertisement (in metres)?

m

What is the maximum projection of the advertisement from face of building (in metres)?

m

What are the dimensions of the proposed advertisement?

Height: x Width: x Depth: metres

What materials will the sign be made of?

What is the maximum height of any of the individual letters and symbols (in centimetres)?

cm

The colour of text and background:

Will the sign be illuminated? ☒ Yes ☐ No

Will the sign be illuminated internally or externally?

☐ Internally ☒ Externally

Illuminance Levels: cd/m

Will the illumination be static or intermittent?

☒ Static ☐ Intermittent

12. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?

☒ Yes ☐ No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)

☒ The agent ☐ The applicant ☐ Other person

13. 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.



Date