Application for Planning Permission and listed building consent for alterations, extension or demolition of a listed building. Town and Country Planning Act 1990 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

30HU

First name:

1. Applicant Name and Address

UR

Title:

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.

Title:

2. Agent Name and Address

MR

First name:

OWEN

Last name:	LANE	Last name:	DAVIS
Company (optional):	ONE BIRECT WANTENANCE CTO	Company (optional):	DUE DIRECT MAINTENANCE LTD
Unit:	House number: House suffix:	Unit:	House number: House suffix:
House name:		House name:	SUTTOUS WHARF SOUTH
Address 1:	CHALK FARM ROAD	Address 1:	PALMERS ROPO
Address 2:		Address 2:	
Address 3:		Address 3:	
Town:	CHALL FARM	Town:	MILE END
County:	600000	County:	400000
Country:	ENCIANO	Country:	ENCTURD
10	14833.3	11 —	
Postcode:	NW1 8EH	Postcode:	E2 07A
3. Descrip Please desc building(s):	ption of Proposed Works ribe details of the proposed development or works incl	uding details of pr	roposals to alter, extend or demolish the listed
3. Descrip Please descrip building(s): REMED LEAD Has the development of the developmen	elopment or Ady started? Ption of Proposed Works Proposed Wo	lease state the da (s) were started (Eust be pre-applications	roposals to alter, extend or demolish the listed NG. SKYCIGHTS & REPLACE EXISTING Ite when the development DD/MM/YYYY): ation submission)
3. Descrip Please desc building(s): REMEON LEFO Has the deve work(s) alrea	elopment or ady started? Prion of Proposed Works Pribe details of the proposed development or works incl PRICE LOCALISED (RUDE DEFECTS , REF LOCALISED (RUDE DEFECTS) REF LOCALISED	lease state the da (s) were started (E ust be pre-applicates state the da (s) were complete	roposals to alter, extend or demolish the listed NG. SKYCIGHTS & REPLACE EXISTING Ite when the development DD/MM/YYYY):

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 number: 50, 52, 54 House suffix:	authority about this application? Yes No
House name:	If Yes, please complete the following information about the advice
Address 1: BLOOMS BURY STREET	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: CAMPEN	
County: LONDON	Reference:
Postcode (optional): wcib 3 QT	Date (DD/MM/YYYY):
Description of location or a grid reference. (must be completed if postcode is not known):	(must be pre-application submission)
	Details of pre-application advice received?
Easting: Northing:	
Description:	
6. Pedestrian and Vehicle Access, Roads and Rights of Way	7. Waste Storage and Collection
Is a new or altered vehicle access proposed	Do the plans incorporate areas to store
to or from the public highway?	and aid the collection of waste? Yes No
Is a new or altered pedestrian access proposed	If Yes, please provide details:
to or from the public highway?	
Are there any new public roads to be provided within the site? Yes X 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 for the separate storage and collection
accusion or rights of way.	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:
(3)/(1)(24)(1)(3)(3)	
9 Authority Employee / Member	
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 member	
If Yes, please provide details of the name, relationship and role	
in 155, please provide actuals of the manie, relationship and role	
1000	0.08880016

9. Demolition		1	10. Listed Building Altera	ations		
Does the proposal include the part total demolition of a listed building] No	Do the proposed works include to a listed building?	alterations	X Yes	☐ No
If Yes, which of the following does	the proposal involve?		If Yes, do the proposed works in			
a) Total demolition of the listed bu	ilding: Yes	∏No	(you must answer each of the qu	uestions)		
b) Demolition of a building within the curtilage of the listed building:		No	a) Works to the interior of the bu	uilding?	Yes	No No
c) Demolition of a part of the listed] No	b) Works to the exterior of the b	uilding?	Yes	☐ No
If the answer to c) is Yes:			c) Works to any structure or obje	ect fixed		
i) What is the total volume of the listed building?(cubic metres)			to the property (or buildings wit its curtilage) Internally or extern	thin ally?	Yes	☐ No
ii) What is the volume of the part to be demolished?(cubic metres)			d) Stripping out of any internal or floor finishes (e.g. plaster, floo		Yes	No
iii) What was the (approximate) da erection of the part to be removed (date must be pre-application sub	d? (MM/YYYY)		If the answer to any of these qu plans, drawings, photographs s	ufficient to ide	entify the lo	cation,
Please provide a brief descriptio building you are proposing to der	n of the building or part on molish:	of the	extent and character of the iten proposal for their replacement, structural support and state ref	including any	new means	of
	1777		OHS 3/1			
			OH9 3/2			
Why is it necessary to demolish or	extend (as applicable) all o	r part	OHG 3/3			
of the building(s) and or structure						
				.		
11. Listed Building Gradin	g		12. Immunity From Listin	ng		
11. Listed Building Grading	_	f	12. Immunity From Listin Has a Certificate of Immunity fro	_	en sought in	respect o
11. Listed Building Grading Please state the grading (if known) Buildings of Special Architectural of	-) of the building in the list o		12. Immunity From Listin Has a Certificate of Immunity from this building?	_	en sought in	respect o
Please state the grading (if known)	-) of the building in the list o		Has a Certificate of Immunity fro	om Listing bee	en sought in	•
Please state the grading (if known) Buildings of Special Architectural o one box must be ticked)	-) of the building in the list o		Has a Certificate of Immunity fro this building?	om Listing bee] Don't know	·
Please state the grading (if known) Buildings of Special Architectural o one box must be ticked) Grade I	of the building in the list or Historic interest? (Note: o		Has a Certificate of Immunity fro this building? Yes No	om Listing bee] Don't know	·
Please state the grading (if known) Buildings of Special Architectural of one box must be ticked) Grade I Grade II*	of the building in the list on Historic interest? (Note: o		Has a Certificate of Immunity fro this building? Yes No	om Listing bee] Don't know	•
Please state the grading (if known) Buildings of Special Architectural of one box must be ticked) Grade I	of the building in the list on Historic interest? (Note: of Historic interest? (Note: of Historic interest? (Note: of Historical Grade I		Has a Certificate of Immunity fro this building? Yes No	om Listing bee] Don't know	•
Please state the grading (if known) Buildings of Special Architectural of one box must be ticked) Grade I Grade II* Grade II	of the building in the list of the building in the list of the Historic interest? (Note: of Ecclesiastical Grade I		Has a Certificate of Immunity fro this building? Yes No	om Listing bee] Don't know	•
Please state the grading (if known) Buildings of Special Architectural of one box must be ticked) Grade I	of the building in the list of the historic interest? (Note: of Historic interest))	nly	Has a Certificate of Immunity from this building? Yes No If Yes, please provide the result	om Listing bee] Don't know	·
Please state the grading (if known) Buildings of Special Architectural of one box must be ticked) Grade I Grade II* Grade II	of the building in the list of the Historic interest? (Note: of Historic interest)	nly	Has a Certificate of Immunity from this building? Yes If Yes, please provide the result r of on-site parking spaces:	om Listing bee	Don't know	•
Please state the grading (if known) Buildings of Special Architectural of one box must be ticked) Grade I	of the building in the list of the historic interest? (Note: of Historic interest))	nly	Has a Certificate of Immunity from this building? Yes No If Yes, please provide the result	om Listing bee] Don't know	·
Please state the grading (if known) Buildings of Special Architectural of one box must be ticked) Grade I	of the building in the list of the Historic interest? (Note: of Historic interest)) Don't know the existing and proposed Total	nly	Has a Certificate of Immunity from this building? Yes No If Yes, please provide the result r of on-site parking spaces: Total proposed (including	om Listing bee	Don't know	·
Please state the grading (if known) Buildings of Special Architectural of one box must be ticked) Grade I	of the building in the list of the Historic interest? (Note: of Historic interest)) Don't know the existing and proposed Total	nly	Has a Certificate of Immunity from this building? Yes No If Yes, please provide the result r of on-site parking spaces: Total proposed (including	om Listing bee	Don't know	·
Please state the grading (if known) Buildings of Special Architectural of one box must be ticked) Grade I	of the building in the list of the Historic interest? (Note: of Historic interest)) Don't know the existing and proposed Total	nly	Has a Certificate of Immunity from this building? Yes No If Yes, please provide the result r of on-site parking spaces: Total proposed (including	om Listing bee	Don't know	•
Please state the grading (if known) Buildings of Special Architectural of one box must be ticked) Grade I	of the building in the list of the Historic interest? (Note: of Historic interest)) Don't know the existing and proposed Total	nly	Has a Certificate of Immunity from this building? Yes No If Yes, please provide the result r of on-site parking spaces: Total proposed (including	om Listing bee	Don't know	·
Please state the grading (if known) Buildings of Special Architectural of one box must be ticked) Grade I	of the building in the list of the Historic interest? (Note: of Historic interest)) Don't know the existing and proposed Total	nly	Has a Certificate of Immunity from this building? Yes No If Yes, please provide the result r of on-site parking spaces: Total proposed (including	om Listing bee	Don't know	•
Please state the grading (if known) Buildings of Special Architectural of one box must be ticked) Grade I	of the building in the list of the Historic interest? (Note: of Historic interest)) Don't know the existing and proposed Total	nly	Has a Certificate of Immunity from this building? Yes No If Yes, please provide the result r of on-site parking spaces: Total proposed (including	om Listing bee	Don't know	·

14. Materials Please provide a descr	ription of existing and proposed materials and fir	nishes to be used in the building (demolition exclud		
	Existing (where applicable)	Proposed	Not applicable	Don't Know
External walls			\boxtimes	
Roof covering	EXISTIUS SLATE COVERING	TO MATCH ENSTING.		
Chimney			×	
Windows	EXISTING ROOF SKY LIGHTS OF TIBLER FRAME WITH METAL CLAD.	NEW CONSERVATION SEXUICATE		
External doors			X	
Ceilings			X	
Internal walls			\boxtimes	
Floors			X	
Internal doors			X	
Rainwater goods	OF PLASTIC	TO WATCH EXISTING.		
Boundary treatments (e.g. fences, walls)				
Vehicle access and hard standing				
Lighting			K	
Others (add description)			8	
	itional information on submitted drawings or plans)/drawing(s) references:	nns? X Yes No		
OHG 3/1 OHG 3/2 OHG 3/3	DESIGN = ACCESS STATEME	ENT.		

15. Foul Sewage	16. 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 X No
Package treatment plant	If Yes, you will need to submit a Flood Risk Assessment to consider
Are you proposing to connect to the existing drainage system? Yes No	the risk to the proposed site. Is your proposal within 20 metres of a
If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):	watercourse (e.g. river, stream or beck)? Will the proposal increase the flood risk elsewhere? Yes No
pian(s)/ drawning(s).	How will surface water be disposed of?
	Sustainable drainage system Existing watercourse
	Soakaway Pond/lake
	Main sewer
17. Biodiversity and Geological Conservation	18. Existing Use
To assist in answering the following questions refer to the guidance	Please describe the current use of the site: THE BUILDINGS USE COMPRISES OF
notes for further information on when there is a reasonable likelihood that any important biodiversity or geological	HOSTEL \$ DONESTIC USE.
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	
likelihood of the following being affected adversely or conserved	
and enhanced within the application site, or on land adjacent to	Is the site currently vacant? Yes No
or near the application site?	If Yes, please describe the last use of the site:
a) Protected and priority species:	
Yes, on the development site	
Yes, on land adjacent to or near the proposed development No	
b) Designated sites, important habitats or other biodiversity features:	When did this use end (if known)? (DD/MM/YYYY)
Yes, on the development site	(date where known may be approximate)
Yes, on land adjacent to or near the proposed development No	Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination assessment with your application.
c) Features of geological conservation importance:	Land which is known to be contaminated? Yes X No
Yes, on the development site	Land where contamination is suspected for all or part of the site? Yes No
Yes, on land adjacent to or near the proposed development	A proposed use that would
⊠ No	be particularly vulnerable to the presence of contamination?
19. Trees and Hedges	20. 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?
And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the	If Yes, please describe the nature, volume and means of disposal of trade effluents or waste
development or might be important as part of the local landscape character?	
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	
contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.	

21. Residential Un Does your proposal in If Yes, please complet	clude th	e gai	in los	s or ch	nange	of use of i	esiden ow:	itial units? Yes	\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{	10					
ı	Propo:	sed I	Hous	ing					Existi	ng l	lous	ing			
Market	Not	Γ	Numl	oer of	Bedro	ooms	Total	Market	Not		Numb	er of	Bedro	ooms	Total
Housing	known	1	2	3	4+	Unknown		Housing	known	1	2	3	4+	Unknown	
Houses								Houses							
Flats and maisonettes								Flats and maisonettes							
Live-work units								Live-work units							
Cluster flats	<u> </u>		<u></u>				- 11	Cluster flats							
Sheltered housing								Sheltered housing							
Bedsit/studios								Bedsit/studios							
Unknown type								Unknown type							
	T	otals	Ya + b) + <i>c</i> +	d + e	+f+g)=			T	otals	(a + b	+ C +	d + e	+f+g)=	
-			$\overline{}$												
Social Rented	Not		Num	<u> </u>			Total	Social Rented	Not		Num				Total
	known	1	2	/3	4+	Unknown			known	1	2	3	4+	Unknown	
Houses								Houses			-			<u> </u>	
Flats and maisonettes					\			Flats and maisonettes							
Live-work units					1		1	Live-work units							
Cluster flats						$\overline{}$		Cluster flats			-				
Sheltered housing				_			1	Sheltered housing		_					
Bedsit/studios								Bedsit/studios			_				
Unknown type							17	Unknown type	<u> </u>						
	Т	otals	(a + b	+ (+	d+e	+f+g)=	\bigvee		T	otals	(a + b	+ (+	a+e	+ f + g) =	
	1	ı	Numl		Dade		Total	Total Control	Nat		Numi	ner of	Rodri	noms	Tota
Intermediate	Not known	-	2	3		Unknown		Intermediate	Not known	1	2	3		Unknown	. 0 ta
Houses								Nouses							
Flats and maisonettes								Flats and maisonettes							
Live-work units								Live-work units							
Cluster flats							1	Cluster flats							-
Sheltered housing					-			Sheltered housing							
Bedsit/studios							,	Bedsit/studios							
Unknown type						· · · · · · · · · · · · · · · · · · ·		Unknown type							
	T	otals	(a + b) + <i>c</i> +	d+e	+f+g)=	.=			otals	(a + b	+ C +	d+e	+ f + g) =	
Key worker	Not	_	Numl	7			Total	Key worker	Not		Numl				Tota
	known	1	2	3	4+	Unknown		Houses	know'n	1	2	3	4+	Unknown	
Houses								Flats and maisonettes							
Flats and maisonettes	 							I			$\overline{}$				
Live-work units								Live-work units							
Cluster flats								Cluster flats				1			
Sheltered housing								Sheltered housing			-	<u> </u>	_		
Bedsit/studios						-		Bedsit/studios							
Unknown type			, .		,		1	Unknown type	<u> </u>		/		at :	1.64 = 1	1
ii .			1016	1+ + +	d+e	+f+g)=		NI .	T	otals	(a+b)	+c+	1+0	+f+g)=	
	Т	otals	(u + t	,,,,,,		1 9/		<u> </u>						3/	
Total proposed						+ D) =		Total existing						i + H) =	

If you have answered Yes to the question above please add details in the following table: Existing gross Gross internal floorspace Total gross internal Net additional gross internal floorspace proposed internal floorspace Interna			-		Non-resident in or change of u			oace?	Yes	No
Use class/type of use										
Net tradable area:						Existing gross internal floorspace to be lost by change of use or demolition		Total gro floorspace (including	proposed change of	d internal floorspace f following developmen
A2 Financial and professional services	A1	Sh	ops							
A3 Restaurants and cafes		Net trad	able area:							
A4 Drinking establish nets A5 Hot food takeaway B1 (a) Office (other than A2) B1 (b) Research and development B1 (c) Light industrial B3 Storage or distribution C1 Hotels and halls of residence C2 Residential institutions D1 Non-residential In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms OTHER Please specify Total In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms OTHER Please complete the following information regarding employees: Full-time Part-time Total full-time Existing employees Proposed employees Proposed employees Proposed employees Proposed employees Material institution in part-time and proposed: Sunday and Not Residential Sunday and Not Residential Full-time Part-time Sunday and Not Residence Sunday and Not Residential Full-time Part-time Sunday and Not Residence Sunday and Sunday and Not Residence Sunday and Sunday	A2									
AS Hot food takeaways	A3	Restaurant	ts and cafes							
B1 (a) Office (other than A2)	A4	Drinking est	tablishments							
B1 (b) Research and development B1 (c) Light industrial B2 General Industrial B3 Storage or distribution C1 Hotels and halls of residence C2 Residential institutions D1 Non-residential institutions D2 Assembly and leisure D1 In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Total In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Vse dass Type of use applicable C1 Hotels C2 Residential institutions D1 Non-residential institutions and hostels, please additionally indicate the loss or gain of rooms Total Institutions D3 Non-residential institutions and hostels, please additionally indicate the loss or gain of rooms Vse dass Type of use applicable OTHER Please State the hollowing information regarding employees: Full-time Part-time Total full-time equivalent Existing employees Proposed employees Proposed employees Proposed employees Proposed employees Please state the hours of opening Please state the hours of opening for each non-residential use proposed:	A5 _	Hot food	takeaways							
B1 (c) Light industrial	B1 (a)	Office (oth	er than A2)				<u> </u>			
B8 Storage or distribution	B1 (b)			Z						
B8 Storage or distribution	B1 (c)	Light in	ndustrial							
C1 Hotels and halls of residence C2 Residential institutions D1 Non-residential institutions D2 Assembly and leisure D3 Flease specify Total In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Vse Type of use applicable C1 Hotels C2 Residential Institutions C3 Residential Institutions C4 Residential Institutions C5 Residential Institutions C6 Residential Institutions C7 Residential Institutions C8 Residential Institutions C9 Residenti	B2	General	industrial							
C2 Residential institutions D1 Non-residential institutions D2 Assembly and leisure OTHER Please specify Total In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Use dass Type of use Applicable C1 Hotels C2 Residential Institutions C1 Hotels C2 Residential Institutions C3 Residential Institutions C4 Residential Institutions C5 Residential Institutions C6 Residential Institutions C7 Residential Institutions C8 Residential Institutions C9 Residential Institutions C1 Hotels C1 Hote	B8									
D1 Non-residential institutions D2 Assembly and leisure D3 D4 D5 D5 D5 D5 D5 D5 D5	C1									
D2 Assembly and leisure	C2									
OTHER	D1				`					
Please specify Total In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Use Type of use applicable of use or demolition C1 Hotels	D2	Assembly	and leisure							
In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Use class Type of use applicable of use or demolition Total rooms proposed (including changes of use) C1 Hotels										
In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Use class Type of use Not applicable Existing rooms to be lost by change of use or demolition C1 Hotels C2 Residential Institutions C3 Institutions C4 Institutions C5 Institutions C6 Institutions C7 Institutions C7 Institutions C7 Institutions C7 Institutions C7 Institutions C8 Institutions C8 Institutions C9										
Use class Type of use applicable of use or demolition C1 Hotels			otal							
class Type of use applicable of use or demolition changes of use) C1 Hotels	In ad	ldition, for ho	tels, resident				ditionally inc	dicate the los	s or gain o	f rooms
C2 Residential Institutions OTHER Please specify 23. Employment Please complete the following information regarding employees: Full-time Part-time Existing employees Proposed employees Proposed employees Please state the hours of Opening Please state the hours of opening for each non-residential use proposed: Sounday and Not known	Use class	Type of use	Not applicable	Existi	ng rooms to be I of use or dem	ost by change olition	Total room ch	is proposed (langes of use	including)	Net additional rooms
OTHER Please specify 23. Employment Please complete the following information regarding employees: Full-time Part-time Existing employees Proposed employees Proposed employees Please state the hours of opening for each non-residential use proposed: Sounday and Not known	C1	Hotels								
Please specify 23. Employment Please complete the following information regarding employees: Full-time Part-time Total full-time equivalent Existing employees Proposed employees Proposed employees Please state the hours of Opening Please state the hours of opening for each non-residential use proposed: Sunday and Not known	C2						`			
23. Employment Please complete the following information regarding employees: Full-time Part-time Part-time equivalent Existing employees Proposed employees Proposed employees Please state the hours of opening for each non-residential use proposed: Mandoute Friday Saturday Sunday and Not known	OTHER									
23. Employment Please complete the following information regarding employees: Full-time Part-time Existing employees Proposed employees Proposed employees Please state the hours of opening for each non-residential use proposed: Sunday and Not known										
Proposed employees Proposed employees 24. Hours of Opening Please state the hours of opening for each non-residential use proposed: Sounday and Not known		- •	following info	ormat			time			
Proposed employees 24. Hours of Opening Please state the hours of opening for each non-residential use proposed: Sounday and Not known	Ex	Existing employees						-	6	equivalent
Please state the hours of opening for each non-residential use proposed: Not known No										
Mandauta Friday Saturday Sunday and Not known		_	_	ina fo	r each non-reside	ential use propo	osed:			
Dalik Holidays						<u> </u>				Not known
		Violiday to Friday					Dank HO	iiuays		

26. Industrial or Commercial Proce	esses and Machine	ery				
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	opment? Yes	No				
If the answer is Yes, please complete the fol	lowing table:					
	The total capa	acity of the void in cubic metres,	Maximum annual operational			
	हि including engir	neering surcharge and making no cover or restoration material (or	through put in tonnes			
\	The total capa including engir allowance for tonnes if soli	d waste or litres if liquid waste)	(or litres if liquid waste)			
Inert landfill						
Non-hazardous landfill						
Hazardous landfill						
Energy from waste incineration		<u> </u>				
Other incineration						
Landfill gas generation plant						
Pyrolysis/gasification						
Metal recycling site						
Transfer stations						
Material recovery/recycling facilities (MRFs)						
Household civic amenity sites						
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						
Other developments						
		a fallantia anno				
Please provide the maximum annual operat	tional throughput of th	le following waste streams:				
Municipal						
Construction, demolition and e						
Hazardous	riai	\.				
	to provide further infor	mation before your application c	en he determined. Your waste			
If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.						
27. Hazardous Substances						
Does the proposal involve the use or storag	e of any of					
the following materials in the quantities stated below? Yes No Not applicable						
If Yes, please provide the amount of each su	bstance that is involve	ed:				
Acrylonitrile (tonnes) Ethylene oxide (tonnes) Phosgene (tonnes)						
Ammonia (tonnes)	Hydrogen cyanide (to	onnes) S	ulphur dioxide (tonnes)			
Bromine (tonnes)	Liquid oxygen (to	onnes)	Flour (tonnes)			
Chlorine (tonnes) Li	quid petroleum gas (to	onnes) Refine	ed white sugar (tonnes)			
Other:		Other:				
Amount (tonnes):		Amount (tonnes):	SDate:: 2013-07-04 #\$ \$Revision: 5609 \$			

28. 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 & 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, 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.

application relates but the land is, or	is part of, an agricultural holding.	
* "owner" is a person with a freehold inter ** "agricultural holding" has the meaning	est or leasehold interest with at least 7 years left to run. g given by reference to the definition of "agricultural tenant" in	section 65(8) of the Act.
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
		02/15/5014
Regulation 6 of 1 certify/ The applicant certifies that 1 h 21 days before the date of this applica application relates.	CERTIFICATE OF OWNERSHIP - CERTIFICATE B evelopment Management Procedure) (England) Order 2 the Planning (Listed Buildings and Conservation Areas) ave/the applicant has given the requisite notice to everyor tion, was the owner* and/or agricultural tenant** of any prest or leasehold interest with at least 7 years left to run.	Regulations 1990 ne else (as listed below) who, on the da
** "agricultural tenant" has the meaning	given in section 65(8) of the Town and Country Planning Act 1	990

Name of Owner / Agricultural Tenant	Address	Date Notice Served
THE TRUSTEES OF THE BRITISH MUSEUM	CREAT RUSSELL STREET, LOWDON, WCIB 309	05/12/2014
	×.	
igned - Applicant:	Or signed - Agent;	Date (DD/MM/YYYY)
		05 12 2014

28. Ownership Certificates and Agricultural Land Declaration (continued)						
Town and Country Planning (Deve	CERTIFICAT	E OF OWNE	RSHIP - CER	TIFICATE C	under Article 12 &	
Regulation 6 of th	e Planning (List	ted Building	s and Conse	ervation Areas) Regulations 19	990	
I certify/ The applicant certifies that: Neither Certificate A or B can be	issuad for this ar	nlication				
 All reasonable steps have been to 	aken to find out	the names a	nd addresses	s of the other owners* and/or ag	ricultural tenants**	of
the land or building, or of a part * "owner" is a person with a freehold interes	st or leasehold int	erest with at	least 7 years l	left to run.		
** "agricultural tenant" has the meaning gi The steps taken were:	ven in section ost	o) or the rov	in and Count	ry Fluithing Act 1990		
				·		
Name of Owner / Agricultural Tenant			Address		Date Notice Serv	ed
Name of Owner / Agricultural Terrain			Address			
382						
		$\overline{}$	_			\dashv
					0.00	
Notice of the application has been publis (circulating in the area where the land is		wing newsp	aper \	On the following date (whice than 21 days before the date	n must not be earlie e of the application)	er :
Cinned Applicants		Orsigned	Acont:		Date (DD/MM/YY	///·
Signed - Applicant:		Or signed	Agent:		Date (DD/WW/11	11).
				`		
Town and Country Planning (Dev Regulation 6 of th I certify/ The applicant certifies that: Certificate A cannot be issued for All reasonable steps have been to date of this application, was the	elopment Mana ne Planning (List r this application aken to find out	igement Pr ted Buildin i the names a	gs and Conse	gland) Order 2010 Certificate ervation Areas) Regulations 19 s of everyone else who, on the d	ay 21 days before th	ne
have/ the applicant has been un * "owner" is a person with a freehold interes ** "agricultural tenant" has the meaning gi	able to do so. St or leasehold int	erest with at	least 7 years l	left to run.	application relates, k	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The steps taken were:						
Notice of the application has been public	had in the follow	wing newer	ahor	On the following date (white	h must not be earlie	er
Notice of the application has been published in the following newspaper (circulating in the area where the land is situated): On the following date (which must not be earlied than 21 days before the date of the application						
	30.00					
Signed - Applicant:	5 1.90	Or signed	Agent:		Date (DD/MM/YY	′YY):
,,,						
				<u> </u>		
29. Planning Application Requir	ements - Che	cklist				
Please read the following checklist to mal information required will result in your ap the Local Planning Authority has been sul	ke sure you have	sent all the	information i alid. It will no	in support of your proposal. Fai ot be considered valid until all in	lure to submit all formation required	by
The original and 3 copies of a completed		[59]	The corre	ct fee:		X
application form:	- داگنده مامنا ماه	Z		nal and 3 copies of a design and		
The original and 3 copies of the plan which the land to which the application relates of identified scale and showing the direction	drawn to an	X	•	d (see help text and guidance no nal and 3 copies of the complete		X
Ownership Certificate (A, B, C or D – as applicable)					×	

30. Declaration		
I/we hereby apply for planning permission/consinformation. I/we confirm that, to the best of my genuine opinions of the person(s) giving them.	ent as described in th /our knowledge, any	nis form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
		OS 12/2014 (date cannot be pre-application)
31. Applicant Contact Details		32. 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 (optional):
	1	+44 07971398989
Country code: Fax number (optional):		Country code: Fax number (optional):
Email address (optional):		Email address (optional):
Ettali address (optional).		colaris @ one housing group. co. de
33. Site Visit		
Can the site be seen from a public road, public fo	ootpath, bridleway o	r other public land? 🔀 Yes 🔲 No
If the planning authority needs to make an appo out a site visit, whom should they contact? (Plea	ointment to carry se select only one)	Agent Applicant Other (if different from the agent/applicant's details)
If Other has been selected, please provide:		
Contact name:		Telephone number:
Email address:		