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. Applic | ant Name and Address | 2. Agent | Name and Address |
|------------------------|--|------------------------|---|
| Title: | Mr First name: | Title: | Mr First name: David |
| Last name: | Peacock | Last name: | Annison |
| Company (optional): | | Company (optional): | D F Annison & Associates |
| Unit: | House number: Flat 137 House suffix: | Unit: | House House suffix: |
| House name: | | House name: | Rookery Nook |
| Address 1: | Broadhurst Gardens | Address 1: | Wotton End |
| Address 2: | Kilburn | Address 2: | Peacock |
| Address 3: | | Address 3: | Peacock |
| Town: | London. | Town: | Ludgershall |
| County: | | County: | Peacock |
| Country: | | Country: | Buckinghamshire |
| Postcode: | NW6 3BJ | Postcode: | HP18 9NT |
| | ption of the Proposal ribe the proposed development, including any change of Proposed new door aperture balcony and ra 137 Broadhurst Gardens. | | r of flat |
| | ding, work or change of use already started? | Yes | X No |
| | e state the date when building, were started (DD/MM/YYYY): | | (date must be pre-application submission) |
| | ling, work or change of use been completed? | Yes | X No |
| | e state the date when the building, work fuse was completed: (DD/MM/YYYY): | | (date must be pre-application submission) |
| | | | 5Dete: 2013-04-30 #\$ \$Revision: 5504 \$ |

| 4. Site Address Details Please provide the full postal address of the application site. House Flot 127 House | Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? Yes |
|---|--|
| Unit: House number: Flat 137 House suffix: 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: Broadhurst Gardens | application more efficiently). |
| Address 2: Kilburn | Please tick if the full contact details are not known, and then complete as much as possible: |
| Address 3: | Officer name: |
| Town: London. | |
| County: | Reference: |
| Postcode (optional): NW6 3BJ | |
| 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: | |
| 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? Yes No | 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? 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 | Have arrangements been made |
| /extinguishments and/or creation of rights of way? | for the separate storage and collection of recyclable waste? Yes No |
| 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: |
| | |
| | |
| 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 | 1 |
| | |

| 9. Materials | | | | | | | |
|---|-----------------------|-------------------------------|---------------|--|-------------------------|-------------------|---------------|
| | te what ma | terials are to be used extern | ally. Include | type, colour and name for | each material: | | |
| | Existing (where ap | plicable) | | Proposed | | Not applicable | Don't Know |
| Walls | | | | | | X | |
| Roof | | | | | | X | |
| Windows | | | | | | X | |
| Doors | | | | New timber and glaze match the existing pa windows. | | | |
| Boundary treatments (e.g. fences, walls) | | | | | | × | |
| Vehicle access and hard-standing | | | | | | × | |
| Lighting | | | | | | × | |
| Others (please specify) | | | | New mild steel balcor mild steel railings, Ne decking. | | | |
| Are you supplying add | itional info | rmation on submitted plan(| s)/drawing(s |)/design and access stateme | ent? Yes | | No |
| | | he plan(s)/drawing(s)/desig | | | | | |
| DFA 100332 001 | | ing plans elevations si | | | | | |
| DFA 100332 002 | Prop | osed plans elevations | sections a | and details | | | |
| 10. Vehicle Parkin | g | | | | | | |
| | _ | the existing and proposed r | | | | | |
| Type of Vehic | le | Total Existing | | l proposed (including spaces retained) | Difference in spaces | | |
| Cars | | N/A | | | | | |
| Light goods vehi public carrier veh | icles/ nicles | N/A | | | | _ | |
| Motorcycles | | N/A | | | | | |
| Disability space | es | N/A | | | | | |
| Cycle spaces | 5 | N/A | | | | | |
| Other (e.g. Bu | is) | N/A | | | | | |
| Other (e.g. Bu | is) | N/A | | | | | |

| 11. Foul Sewage | 12. Assessment of Flood Risk |
|---|--|
| Please state how foul sewage is to be disposed of: Mains sewer Cess pit Septic tank Other | Is the site within an area at risk of flooding? (Refer to the 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 |
| If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s): | Will the proposal increase the flood risk elsewhere? Yes No |
| [] | 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 |
| 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 | |
| No | When did this use end (if known)? DD/MM/YYYY |
| b) Designated sites, important habitats or other biodiversity | (date where known may be approximate) |
| features: Yes, on the development site | Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination |
| Yes, on land adjacent to or near the proposed development | assessment with your application. |
| ⊠ 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 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 No |
| And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? | If Yes, please describe the nature, volume and means of disposal 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 | |
| contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'. | III II |

5Detec 2013-04-30 #5 \$Revision: 5504 \$

| Housing kr Houses Flats and maisonettes Live-work units Cluster flats Sheltered housing Bedsit/studios Unknown type | Not nown | otals | 2 (a + b) | + c+ | d+e | Unknown +f+g)= | Total a b c d e f A | Market Housing Houses Flats and maisonettes Live-work units Cluster flats Sheltered housing Bedsit/studios Unknown type | Not known | 1 | 2 | 3 | 4+ | ooms Unknown | Tota a b c d e f |
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| Social Rented kr Houses Flats and maisonettes Live-work units Cluster flats Sheltered housing Bedsit/studios | Not nown | | Numb | oer of | Bedro | | | Unknown type | _ | otals | (a + b | +c+ | d+0 | | 9 |
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| Cluster flats Sheltered housing Bedsit/studios | _ | - 1 | | | | | D | Live-work units | | | | | | | - |
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| Bedsit/studios | | | | | | | d e | Sheltered housing | | | | | | | d e |
| | 뮈 | | | | | | e | | | | | | | | 6 |
| Unknown type | 뮈 | _ | | | | | T | Bedsit/studios | | | | | | | I |
| | 믜 | | | | 1. | | g | Unknown type | | | | | 1. | | 9 |
| | 10 | otals | (a + b | + C+ | a+e | +f+g)= | В | <u> </u> | - 10 | otals | (a + b | + C + | a+e | +f+g)= | - |
| | Not | _ | Numb | oer of | Bedr | ooms | Total | | Not | 1 | Numl | er of | Bedr | ooms | Tota |
| | nown | 1 | 2 | 3 | 4+ | Unknown | | Intermediate | known | 1 | 2 | 3 | 4+ | Unknown | |
| Houses | | | | | | | a | Houses | | | | | | | а |
| Flats and maisonettes | | | | | | | Ь | Flats and maisonettes | | | | | | | Ь |
| Live-work units | | | | | | | C | Live-work units | | | | | | | E |
| Cluster flats | | | | | | | d | Cluster flats | | | | | | | d |
| Sheltered housing | | | | | | | е | Sheltered housing | | | | | | | е |
| Bedsit/studios | | | | | | | f | Bedsit/studios | | | | | | | f |
| Unknown type | | | | | | | 9 | Unknown type | | | | | | | 9 |
| | To | tals | (a + b | +c+ | d+e | +f+g)= | C | | Te | otals | (a + b | +c+ | d+e | +f+g)= | G |
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| Live-work units | 葥 | | | | | | c | Live-work units | H | | | | | | c |
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| | | | | | | 9/- | _ | | | | , | | | 9/- | |

| Net additional gross Security | 18. All | Types of [| Developme | ent: | Non-resident | ial Floorspa | ce | | |
|--|-------------------|----------------|-------------------|-------------------|---|-----------------------------|-----------------------|---|--|
| If you have answered Yes to the question above please add details in the following table: Use class/type of use | | | | | | _ | | pace? Yes | No |
| A1 | If yo | u have answe | ered Yes to th | ne que | estion above plea | ase add details | in the follow | | |
| Net tradable area: | Us | se class/type | of use | Not applicable | Existing gross internal floorspace (square metres) | to be lost by use or den | change of nolition | floorspace proposed (including change of | internal floorspace following development |
| Financial and professional services | A1 | Sh | ops | | | | | | |
| A3 Restaurants and cafes | | | | | | | | | |
| A Dinking establishments | A2 | | | | | | | | |
| A5 Hot food takeaways | A3 | Restaurant | ts and cafes | | | | | | |
| B1 (a) Office (other than A2) | A4 | Drinking est | tablishments | | | | | | |
| BI (b) Research and development BI (c) Light industrial | A5 | Hot food | takeaways | | | | | | |
| B1 (c) Light industrial | B1 (a) | | - | | | , | | | |
| Storage or distribution | B1 (b) | | | | | | | | |
| Storage or distribution | B1 (c) | Light in | ndustrial | | | | | | |
| Hotels and halls of residence | B2 | General | industrial | | | | | | |
| Residential institutions | B8 | - | | | | | | | |
| D1 Non-residential institutions D2 Assembly and leisure | C1 | | | | | | | | |
| In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Use Type of use Not applicable Existing rooms to be lost by change Total rooms proposed (including changes of use) Net additional rooms C1 Hotels | C2 | | | | | | | | |
| OTHER 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 Size of use or demolition | D1 | | | | | | | | |
| Please Specify Total 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 Of | D2 | Assembly | and leisure | | | | | | |
| In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Use Type of use Not applicable of use or demolition Type of use Type of use applicable of use or demolition The location of use or demolition Total full-time equivalent Existing employees Proposed employees Total full-time equivalent Existing employees Proposed employees Total full-time equivalent Existing employees Proposed employees Sunday and Net keeping | OTHER | | | | | | | | |
| In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Use Type of use applicable Stisting rooms to be lost by change of use or demolition of use or demolition of use or demolition changes of use) Net additional rooms Net additional rooms Net additional rooms Please Gesidential Institutions Institutions 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: | Please Specify | | | | | | | | |
| Use class Type of use Type | | To | otal | | | | | | |
| class Type of use applicable of use or demolition changes of use) Net additional rooms C1 Hotels | | dition, for ho | | | | | | | rooms |
| C2 Residential Institutions DTHER DT | Use class | Type of use | Not applicable | Existi | | | | | Net additional rooms |
| Please pecify 9. Employment Please complete the following information regarding employees: Full-time Part-time Total full-time equivalent Existing employees Proposed employees O. Hours of Opening Please state the hours of opening for each non-residential use proposed: Proposed Proposed | C1 | | | | | | | | |
| Please pecify 9. Employment Please complete the following information regarding employees: Full-time Part-time Total full-time equivalent Existing employees Proposed employees 0. Hours of Opening Please state the hours of opening for each non-residential use proposed: Please state the hours of opening for each non-residential use proposed: | C2 | | | | | | | | |
| 9. Employment Idease complete the following information regarding employees: Full-time Part-time Total full-time equivalent Existing employees Proposed employees 0. Hours of Opening Please state the hours of opening for each non-residential use proposed: Use Mandau to Friday Saturday Sunday and Not known | OTHER | | | | | | | | |
| Please complete the following information regarding employees: Full-time Part-time Total full-time equivalent Existing employees Proposed employees O. Hours of Opening Please state the hours of opening for each non-residential use proposed: Lies Mandau to Friday Saturday Sunday and Not known | Please Specify | | | | | | | | |
| Full-time Part-time Total full-time equivalent Existing employees Proposed employees O. Hours of Opening Please state the hours of opening for each non-residential use proposed: Use Mandau to Erichy Saturday Sunday and Not known | 9. Em | ployment | | | | | | | |
| Existing employees Proposed employees Proposed employees O. Hours of Opening Please state the hours of opening for each non-residential use proposed: Use Mandau to Friday Saturday Sunday and Not known | lease o | omplete the | following inf | ormat | tion regarding er | mployees: | | | |
| Proposed employees 0. Hours of Opening Please state the hours of opening for each non-residential use proposed: Use Mandau to Friday Saturday Sunday and Not known | | | | | Full-time | Part | time | | 1 1 |
| O. Hours of Opening Please state the hours of opening for each non-residential use proposed: Saturday Saturday Sunday and Not known | Ex | isting employ | yees | | | | | | |
| Please state the hours of opening for each non-residential use proposed: Mandau to Friday Saturday Sunday and Not known | Pro | posed emplo | yees | | | | | | |
| Please state the hours of opening for each non-residential use proposed: Mandau to Friday Saturday Sunday and Not known | 0. Ho | urs of Ope | ning | | | | | | |
| | | | | ing fo | r each non-resid | lential use prop | osed: | | |
| | | Use | M | onday | / to Friday | Saturda | у | | Not known |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 1. Site Area | 1. Site | e Area | | | | | | | |
| lease state the site area in hectares (ha) | lease st | ate the site a | rea in hectar | es (ha |) | | | | |

| Please describe the activities and processes | | | | | |
|---|------------------------|----------------------------------|---|---|---|
| oe carried out on the site and the end produ plant, ventilation or air conditioning. Please type of machinery which may be installed or | include th | ing ie | | | |
| s the proposal a waste management develo | pment? | Yes | No | | |
| f the answer is Yes, please complete the foll | owing tal | ole: | _ | | |
| | ing ing | ludina enain | city of the void in eering surcharge over or restorati I waste or litres i | n cubic metres, e and making no ion material (or f liquid waste) | Maximum annual operational throughput in tonnes (or litres if liquid waste) |
| Inert landfill | Z 76 | | | | |
| Non-hazardous landfill | 片 | | | | |
| Hazardous landfill | H | | | | |
| Energy from waste incineration | 片 | | | | |
| Other incineration | H | | | | |
| Landfill gas generation plant | H | | | - | |
| | 片 | | | + | |
| Pyrolysis/gasification Metal recycling site | 岩 | | | | |
| Transfer stations | H | | | 4 | |
| | 片 | | | | |
| Material recovery/recycling facilities (MRFs) | _ | | | - | |
| Household civic amenity sites | | | | | |
| Open windrow composting | | | | | |
| In-vessel composting | ᆜᆜ | | | | |
| Anaerobic digestion | Ш | | | | |
| Any combined mechanical, biological and/ or thermal treatment (MBT) | | | | | |
| Sewage treatment works | | | | | |
| Other treatment | | | | 9 | |
| Recycling facilities construction, demolition and excavation waste | | | | | |
| Storage of waste | | | | | |
| Other waste management | 一一 | | | | |
| Other developments | H | | | | |
| Please provide the maximum annual operat | ional thro | ughput of the | following waste | e streams: | |
| Municipal | | | | | |
| Construction, demolition and e | excavation | 1 | | | |
| Commercial and indust | rial | | | | |
| Hazardous | | | | | |
| f this is a landfill application you will need t planning authority should make clear what | o provide informati | further inforr on it requires | nation before yo on its website. | our application can | be determined. Your waste |
| 23. Hazardous Substances | | | | | |
| Does the proposal involve the use or storage the following materials in the quantities stat | | | No | Not applicat | ble |
| f Yes, please provide the amount of each su | bstance t | hat is involved | ±: | | |
| Acrylonitrile (tonnes) | Ethyl | ene oxide (to | nnes) | | Phosgene (tonnes) |
| Ammonia (tonnes) | Hydroge | n cyanide (to | nnes) | Sul | phur dioxide (tonnes) |
| Bromine (tonnes) | Liqu | id oxygen (to | nnes) | | Flour (tonnes) |
| Chlorine (tonnes) | quid petro | oleum gas (to | nnes) | Refined | white sugar (tonnes) |
| Other: | | | Other: | | |
| mount (tonnes): | | | Amount (to | nnes): | |

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** 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. " "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. "" "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act. Signed - Applicant: Date (DD/MM/YYYY): 06/03/2015 CERTIFICATE OF OWNERSHIP - CERTIFICATE B Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 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* and/or agricultural tenant** of any part of the land or building to which this application relates. application reales. ** "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 Name of Owner / Agricultural Tenant Date Notice Served Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY):

| Signed - Applica | ent: | Or signed - Agent: | | Date (DD/MM/Y) | (YY): |
|------------------|---------------------------|----------------------|---------------|-------------------|---------------------------------|
| | 7.0 | | | 06/03/201 | 6 (date cannot pre-applicati |
| 27. Applicar | nt Contact Details | | 28. Agent C | ontact Details | |
| Telephone num | bers | 1 1000 000 100 WE 11 | Telephone nu | mbers | |
| Country code: | National number: | Extension number: | Country code: | National number: | Extensi numbe |
| Country code: | Mobile number (optional): | | Country code: |] [| |
| Country code: | Fax number (optional): | | Country code: | | |
| Email address (| optional): | | Email address | (optional): | |
| | | | davidannis | son@btconnect.com | |
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