Application for listed building consent for alterations, extension or demolition of a listed building.
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

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. Appli	cant Name and Address	2. Agent Name and Address
Title:	First name:	Title: XR. First name: PHILIP
Last name:	THE TRUSTEES	Last name: TUNSTALL
Company (optional):		Company (optional): FRANK TUROTHY ASSOCIATES LIMITED
Unit:	House House suffix:	Unit: House House number: suffix
House name:		House name: OARFIELDS
Address 1:	THE BRITISH MUSEUM	Address 1: 18 PIPER POAD
Address 2:	areat Russell Street	Address 2:
Address 3:		Address 3:
Town:	LOHDON	Town: YATE
County:		County: SOUTH GLOUCESTELSHIPE
Country:	UNITED KITY DOM	Country: UNITED EINGDOM
Postcode:	WCIB 30G	Postcode: BS37 SSY
Please desc	otion of Proposed Work ribe the proposals to alter, extend or demolish the listed -ALEMELST OF EMSTING SCA ALE 2 + CLEWVILLE LIBRARY	Leens + Dools Between
TO COMPANY TO THE PARTY OF THE		\$Date: 2013-02-27 95 SRevision: 4883 5

3. Description of Proposed Work (continued)	4. Site Address Details		
4	Please provide the full postal address of the application site.		
Has the work already started without consent? Yes No	Unit: House House suffix:		
If Yes, please state when the	House name:		
work was started (DD/MM/YYYY):	Address 1: THE BRITICH MUSEUM		
	Address 2: GREAT RUSSELL STREET		
	Address 3:		
(date must be pre-application submission)	Town: LetaCted		
Has the work been	County:		
completed without consent?	Postcode (optional): WUB 3DG		
If Yes, please state the date when the	Description of location or a grid reference. (must be completed if postcode is not known):		
work was completed (DD/MM/YYYY):	Easting: Northing:		
	Description:		
	MUSEUM		
(date must be pre-application submission)			
5. Related Proposals			
Are there any current applications, previous proposals or demolitions for the site?  If Yes please describe and include the planning application reference number(s), if known:  Description  Reference number  NUMLIOUS APPLICATIONS  THEOLOGIOUT THE BLOOMS BORY  SITE	6. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application?  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).  Please tick if the full contact details are not known, and then complete as much as possible:  Officer name:  Reference:  Date (DD/MM/YYYY):  (must be pre-application submission)  Details of pre-application advice received?  ** THE PRINTRIE WAY HAVE BEEN MISSIN MENTINGS		
7. Neighbour and Community Consultation  Have you consulted your neighbours or the local community about the proposal?  Yes No  If Yes, please provide details:	8. Authority Employee / Member With respect to the Authority, I am: Do any of these (a) a member of staff statements apply to you? (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		

\$Date: 2013-02-27 #\$ \$Revision: 4883 \$

٠	Existing (where applicable)	Proposed	Not applicable	Dor Kno
External walls			) ¥	
Roof covering				
Chimney				
Windows	SCREEN/BOOK IN HARDWOOD	Scheen/WINDOW IN HARDWOOD		
External doors			J	
Ceilings			Ø	
nternal walls	GYPLOT PLASTERBOARD CONSTRUCTION TO OPENING			
Floors			Ø	
nternal doors	SEE ABOUT	,		
lainwater goods				
oundary treatments e.g. fences, walls)				
ehicle access and ard standing				
ghting				To an annual services of the s
thers dd description)				
(es, please state plan(s HL/I LOCATION T PLAN, SECTION &	onal information on submitted drawings or plans )/drawing(s) references:  **AN   ASU  EXISTING ECREEN RANGE - ELEVATION   AB   3 EXISTING & PO  GD + ACCESS STATEMENT DATED	SECTION ELEVATIONS; ABIJI NAM LOPARD ELEVATIONS; ADIJI NAM	scre	J#43

10. Demolition	11. Listed Building Alterations
Does the proposal include the partial or total demolition of a listed building?  Yes No	Do the proposed works include alterations to a listed building?
If Yes, which of the following does the proposal involve?	If Yes, do the proposed works include:
a) Total demolition of the listed building: Yes No	(you must answer each of the questions)
b) Demolition of a building within the curtilage of the listed building: Yes No	a) Works to the interior of the building? Yes No
c) Demolition of a part of the listed building: Yes No	b) Works to the exterior of the building? Yes No
If the answer to c) is Yes:	c) Works to any structure or object fixed to the property (or buildings within
i) What is the total volume of the listed building?(cubic metres)	its curtilage) internally or externally?
ii) What is the volume of the part to be demolished?(cubic metres)	d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)?
iii) What was the (approximate) date of the erection of the part to be removed? (MM/YYYY) (date must be pre-application submission)  Please provide a brief description of the building or part of the building you are proposing to demolish:	If the answer to any of these questions is Yes, please provide plans, drawings, photographs sufficient to identify the location, extent and character of the items to be removed, and the proposal for their replacement, including any new means of structural support and state references for the plan(s)/drawing(s):
Why is it necessary to demolish or extend (as applicable) all or part of the building(s) and or structure(s)?	
12. Listed Building Grading	13. Immunity From Listing
Please state the grading (if known) of the building in the list of Buildings of Special Architectural or Historic interest? (Note: only one box must be ticked)	Has a Certificate of Immunity from Listing been sought in respect of this building?
Grade I Ecclesiastical Grade I	Yes   No   Don't know    If Yes, please provide the result of the application:
Grade II* Ecclesiastical Grade II*	
Grade II Ecclesiastical Grade II	
Don't know []	

14. Ownership Certificates				
	Certificate A, B, C,	or D, must be completed	with this application form	
	CERTIFIC	ATE OF OWNERSHIP - CE	RTIFICATE A	
l certify/ The applicant certifies that owner* of any part of the land or bu			servation Areas) Regulations olication nobody except myself	<b>1990</b> If the applicant was the
* "owner" is a person with a freehold				
Signed - Applicant:				Date DD/MM/YYYY):
				20/02/2015
	CERTIFIC	ATE OF OWNERSHIP - CE	OTIEICATE D	
Regulation 6 I certify/ The applicant certifies that 21 days before the date of this a * "owner" is a person with a freehold if	of the Planning (L t I have/the applica application, was th	isted Buildings and Cons nt has given the requisite	ervation Areas) Regulations 1 notice to everyone else (as liste	
Name of Owner		Address		Date Notice Served
	and the same of th			
Signed - Applicant:		Or signed - Agent:		Date DD/MM/YYYY):
	100000			
Neither Certificate A or B car	of the Planning (Li n be issued for this a een taken to find ou	application It the names and addresses	rvation Areas) Regulations 19 of the other owners* of the la	
The steps taken were.				
Name of Owner		Address		Date Notice Served
				Activities and the second seco
	ed a manacion primario de la companio del companio del companio de la companio del la companio de la companio d	and the second s		- International Control of Contro
Notice of the application has been pu circulating in the area where the land	ublished in the follo d is situated):	wing newspaper	On the following date (which than 21 days before the date	rnust not be earlier of the application):
ligned - Applicant:		Or signed - Agent:		Date DD/MM/YYYY):

14. Ownership Certificates (continued)				
CERTIFICA  Regulation 6 of the Planning (Li  certify/ The applicant certifies that:  Certificate A cannot be issued for this applicable.	isted Buili		vation Areas) Regulations 1	
date of this application, was the owner* of any	at the nam part of the	in to with the	s application relates, but I have	lay 21 days before the e/ the applicant has beer
* "owner" is a person with a freehold interest or leasehold in The steps taken were:	nterest witi	n at least 7 years lef	t to run.	
Notice of the application has been published in the follo (circulating in the area where the land is situated):	owing new	spaper	On the following date (whic than 21 days before the dat	h must not be earlier
				o the applications.
Signed - Applicant:	Or signe	d - Agent:		Date DD/MM/YYYY):
15. Planning Application Requirements - Cho				
Please read the following checklist to make sure you have information required will result in your application being the Local Planning Authority has been submitted.  The original and 3 copies of a completed and dated application form:  The original and 3 copies of a plan which identifies the land to which the application relates and drawn to an identified scale and showing the direction of North:		The original and information nece The original and Ownership Certif	upport of your proposal. Failuse considered valid until all inf 3 copies of other plans and dressary to describe the subject of 3 copies of the completed datificate (A, B, C, or D - as applica 3 copies of a design and acceselp text and guidance notes for	ormation required by awings or of the application o
16. Declaration  I/we hereby apply for planning permission/cons information. I/we confirm that, to the best of my genuine opinions of the person(s) giving them.  Signed - Applicant:			plans/drawings ate and any opin Date (DD/MM/Y' Zo/oz/20	ions given are the
17. Applicant Contact Details		18. Agent C	ontact Details	
Telephone numbers		Telephone nurr		
	ctension umber:	Country code:	National number:	Extension number:
Country code: Mobile number (optional):		Country code:		Trumber.
Country code: Fax number (optional):	WWW.inited.edg/prepaga.accidenced	Country code:		No designation of the second s
Email address (optional):		Email address (o	ptional):	
9. Site Visit		***		The second secon
9. Site Visit an the site be seen from a public road, public footpath, brid	dleway or	other public land?	T Yes / TNo	
an the site be seen from a public road, public footpath, brid the planning authority needs to make an appointment to out a site visit, whom should they contact? (Please select only Other has been selected, please provide:		other public land?	Applicant Other	(if different from the applicant's details)
an the site be seen from a public road, public footpath, bric the planning authority needs to make an appointment to ut a site visit, whom should they contact? (Please select only		<del></del> ;	Applicant Other	(if different from the applicant's details)