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Development Management  
Regeneration and Planning  
London Borough of Camden  
Judd Street  
London WC1H 8ND

## Application for Planning Permission. Town and Country Planning Act 1990

### 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" value="Mohammad"/>	Surname:	<input type="text" value="Behnam"/>		
Company name	<input type="text" value="Mornington Dental Surgery"/>						
Street address:	<input type="text" value="11 Crowndale Road"/>			Country Code	National Number	Extension Number	
	<input type="text"/>			Telephone number:	<input type="text"/>	<input type="text"/>	
	<input type="text"/>			Mobile number:	<input type="text"/>	<input type="text"/>	
Town/City	<input type="text" value="Camden"/>			Fax number:	<input type="text"/>	<input type="text"/>	
County:	<input type="text" value="London"/>			Email address:	<input type="text"/>		
Country:	<input type="text" value="United Kingdom"/>						
Postcode:	<input type="text" value="NW1 1TU"/>						
Are you an agent acting on behalf of the applicant?				<input type="radio"/> Yes	<input checked="" type="radio"/> No		

### 2. Agent Name, Address and Contact Details

No Agent details were submitted for this application

### 3. Description of the Proposal

Please describe the proposed development including any change of use:

Has the building, work or change of use already started? ☐ Yes ☒ No

### 4. Site Address Details

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

House:	<input type="text" value="14"/>	Suffix:	<input type="text"/>
House name:	<input type="text"/>		
Street address:	<input type="text" value="Crowndale Road"/>		
	<input type="text"/>		
Town/City:	<input type="text" value="London"/>		
County:	<input type="text" value="Camden"/>		
Postcode:	<input type="text" value="NW1 1TT"/>		
Description of location or a grid reference (must be completed if postcode is not known):			
Easting:	<input type="text" value="529506"/>		
Northing:	<input type="text" value="183498"/>		

Description:

## 5. 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:  First name:  Surname:

Reference:

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

Details of the pre-application advice received:

Was informed that we would require a change of use planning permission, under full planning permission to change from A1 (retail use) to D1 (surgery). We will be required to demonstrate loss of A1; how D1 is to be used and the impact on the surrounding area.

## 6. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway?

☐ Yes ☒ No

Is a new or altered pedestrian access proposed to or from 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/extinguishments and/or creation of rights of way?

☐ Yes ☒ No

## 7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste?

☒ Yes ☐ No

If Yes, please provide details:

Stored in side premises in a designated area to be collected on weekly basis by Cannon hygiene.

Have arrangements been made for the separate storage and collection of recyclable waste?

☒ Yes ☐ No

If Yes, please provide details:

In side the premises in a designated area, collected once a week.

## 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

## 9. Materials

Please state what materials (including type, colour and name) are to be used externally (if applicable):

**Others - description:**

Type of other material:

Description of *existing* materials and finishes:

Signage reading pharmaceutical. shop front colour blue.

Description of *proposed* materials and finishes:

Change sign to read dentist surgery. Change front shop colour from blue to white by painting.

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?

☐ Yes ☒ No

10. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

Type of vehicle	Existing number of spaces	Total proposed (including spaces retained)	Difference in spaces
Cars	0	0	0
Light goods vehicles/public carrier vehicles	0	0	0
Motorcycles	0	0	0
Disability spaces	0	0	0
Cycle spaces	0	0	0
Other (e.g. Bus)	0	0	0
Short description of Other			

11. Foul Sewage

Please state how foul sewage is to be disposed of:

Mains sewer☐

Septic tank☐

Other

Package treatment plant☐

Cess pit☐

Unknown☐

local authority

Are you proposing to connect to the existing drainage system?

☐ Yes

☒ No

☐ Unknown

12. Assessment of Flood Risk

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.)

☐ Yes

☒ No

If Yes, you will need to submit an appropriate flood risk assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?

☐ Yes

☒ No

Will the proposal increase the flood risk elsewhere?

☐ Yes

☒ No

How will surface water be disposed of?

☐ Sustainable drainage system

☐ Main sewer

☐ Pond/lake

☐ Soakaway

☒ Existing watercourse

13. Biodiversity and Geological Conservation

To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological 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 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

b) Designated sites, important habitats or other biodiversity features

☐ Yes, on the development site

☐ Yes, on land adjacent to or near the proposed development

☒ No

c) Features of geological conservation importance

☐ Yes, on the development site

☐ Yes, on land adjacent to or near the proposed development

☒ No

14. Existing Use

Please describe the current use of the site:

Currently not in use.

Is the site currently vacant? ☒ Yes ☐ No

If Yes, please describe the last use of the site:

Pharmaceutical (use class A1).

When did this use end (if known) (DD/MM/YYYY)?

Does the proposal involve any of the following?

If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated? ☐ Yes ☒ No

Land where contamination is suspected for all or part of the site? ☐ Yes ☒ No

A proposed use that would be particularly vulnerable to the presence of contamination? ☐ Yes ☒ No

15. Trees and Hedges

Are there trees or hedges on the proposed development site? ☐ 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? ☐ Yes ☒ No

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'.

16. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? ☐ Yes ☒ No

17. Residential Units

Does your proposal include the gain or loss of residential units? ☐ Yes ☒ No

18. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace? ☒ Yes ☐ No

Use class/type of use		Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Total gross new internal floorspace proposed (including changes of use) (square metres)	Net additional gross internal floorspace following development (square metres)
A1	Shops Net Tradable Area	0.0	0.0	0.0	0.0
A2	Financial and professional services	0.0	0.0	0.0	0.0
A3	Restaurants and cafes	0.0	0.0	0.0	0.0
A4	Drinking establishments	0.0	0.0	0.0	0.0
A5	Hot food takeaways	0.0	0.0	0.0	0.0
B1 (a)	Office (other than A2)	0.0	0.0	0.0	0.0
B1 (b)	Research and development	0.0	0.0	0.0	0.0
B1 (c)	Light industrial	0.0	0.0	0.0	0.0
B2	General industrial	0.0	0.0	0.0	0.0
B8	Storage or distribution	0.0	0.0	0.0	0.0
C1	Hotels and halls of residence	0.0	0.0	0.0	0.0
C2	Residential institutions	0.0	0.0	0.0	0.0
D1	Non-residential institutions	63.0	0.0	0.0	0.0
D2	Assembly and leisure	0.0	0.0	0.0	0.0
Other	Please Specify	0.0	0.0	0.0	0.0
Total		63.0	0.0	0.0	0.0

For hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms:

Use Class	Types of use	Existing rooms to be lost by change of use or demolition	Total rooms proposed (including changes of use)	Net additional rooms
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19. Employment

If known, please complete the following information regarding employees:

	Full-time	Part-time	Equivalent number of full-time
Existing employees	4	5	6.5
Proposed employees	2	1	2.5

20. Hours of Opening

If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:

Use	Monday to Friday		Saturday		Sunday and Bank Holidays		Not Known
	Start Time	End Time	Start Time	End Time	Start Time	End Time	
D1	21:00:00	19:00:00	22:00:00	15:00:00			<input type="checkbox"/>

21. Site Area

What is the site area?

63.00

sq.metres

22. Industrial or Commercial Processes and Machinery

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:

Change of signage and painting.

Is the proposal for a waste management development? ☐ Yes ☒ No

23. Hazardous Substances

Is any hazardous waste involved in the proposal? ☐ Yes ☒ No

24. 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

25. Certificates (Certificate B)

**Certificate of Ownership - Certificate B**  
**Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14**  
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 (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) and/or agricultural tenant (*“agricultural tenant” has the meaning given in section 65(8) of the Town and Country Planning Act 1990*) of any part of the land or building to which this application relates.

25. Certificates (Certificate B - continued)

Owner/Agricultural Tenant		Date notice served
Name	Camden Council	03/09/2015
Number:	Suffix: House name:	
Street:	Judd Street	
Locality:	Kings Cross	
Town:		
Postcode:	WC1H 9LP	
Name	Crowndale Business Forum	06/08/2015
Number:	26 Suffix: House name:	
Street:	Crowndale Road	
Locality:	Camden	
Town:		
Postcode:	NW1 1TT	
Name	Sylhett Enterprise Ltd	06/08/2015
Number:	6 Suffix: House name:	
Street:	Crowndale Road	
Locality:	Camden	
Town:		
Postcode:	NW1 1TT	
Name	Godwin & Crowndale TMC	06/08/2015
Number:	82 Suffix: House name: Godwin Crt	
Street:	Crowndale Road	
Locality:	Camden	
Town:		
Postcode:	NW1 1NW	
Title:	Dr First name: Mohammad Surname: Behnam	
Person role:	Applicant Declaration date: 03/09/2015	<input checked="" type="checkbox"/> Declaration made

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.

☒ Date 03/08/2015