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Phone: Fax:

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

Householder Application for Planning Permission for works or extension to a dwelling. 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. Applicant Name and Address	2. Agent Name and Address
Title: Ma trust First name: M	Title: MR First name:
Last name: Mc LouGHLIN	Last name: DooLE(
Company (optional):	Company (optional): Anchite ctual Solutions
Unit: House House suffix:	Unit: House number: 5 House suffix:
House name:	House name:
Address 1: C/O AGENT	Address 1: NONTH PONTWAY CLOSE
Address 2:	Address 2: ROUND SANNEY
Address 3:	Address 3:
Town:	TOWN: NONTHAMP70)
County:	County:
Country:	Country:
Postcode:	Postcode: NN3 8RQ
3. Description of Proposed Works Please describe the proposed works:	
REMOVER OF BAISTING CONS.	cruationy to name.
DOLL ON SINGLE STOREY E	STENSION TO REAR.
Pholosop DORMER ROOF EX	TENSIONS TO FRONT AND ROAR
PROPOSED INTORNAL ALT	DRATTIONS

### A. Site Address Details Please provide the full postal address of the application site. Unit:	3. Description of Proposed Works (continued)	
As the work already been completed? Yes No	Has the work already started? Yes No	
Has the work already been completed?	If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission
## Site Address Details Please provide the full postal address of the application site. Unit:	Has the work already been completed?	(date mass se pre apprecion submission
Please provide the full postal address of the application site. Unit:	If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission
Unit:		5. Pedestrian and Vehicle Access, Roads and Rights of Wa
Is a new or altered pedestrian access proposed to of from the public highway? Yes Ni. Address 1: LADY SAMEUSET ROAD	Ususa Ususa Ususa Ususa	
Do the proposals require any diversions, extinguishments and/or creation of public rights of way? If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/ drawings and state the reference number(s) of the plan(s)/ drawings and state the reference number(s) of the plan(s)/ drawings and state the reference number(s) of the plan(s)/ drawings and state the reference number(s) of the plan(s)/ drawings and state the reference number of the plan(s)/ drawings and state the reference number of the plan(s)/ drawings and state the reference number(s) of the plan(s)/ drawings and state the reference number of the plan(s)/ drawings and state the reference number of the plan(s)/ drawings and state the reference number of the plan(s)/ drawings and state the reference number of any plans or drawings are unthority about this application about the advice you were given. (This will help the authority to deal with this application more efficiently). 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). If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings: Will any trees or hedges need to be removed or pruned in order to carry out your proposal? If Yes, please show on your plans which trees by giving them numbers e.g. Ti, T2 etc. state the reference number of the plan(s) drawing(s) and indicate the scale. If Yes, please describe in the Authority, I am: (a) a member of staff of in an elected member (b) an elected member (c) an elected member (d) an elected member (d) an elected member (e) an elected member (f) an elected member (g) an elected member (g) an elected member (g) an elected membe	number: 32 suffix:	
Address 1: LADY SOME RESET ROAD Address 2:		
Address 2: Address 3: Kentish Town: County: Postcode (optional): NW 5 1TU 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 application more efficiently). Please tick if the full contact details are not known, and then complete as much possible: Officer name: Date (DD MM YYYY): Imust be pre-application submission) Details of the pre-application advice received: Will any trees or hedges need to be removed or pruned in order to carry out your proposal? If Yes, please show details on your plans or drawings: No No No No No No No No No N	Address 1: LADY SOMERSET ROAD	extinguishments and/or creation of public
Address 3:	Address 2:	If Yes to any questions, please show details on your plans or
County: Postcode	Address 3: KENTISH TOWN	
Postcode (optional): NW 5 1TU 6. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? Yes No off 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 possible: Officer name: Will any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development? If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings: Will any trees or hedges need to be removed or pruned in order to carry out your proposal? If Yes, please show on your plans which trees by giving them numbers e.g. 11, 12 etc, state the reference number of the plan(s) drawing(s) and indicate the scale. 8. Parking Will the proposed works affect existing car parking arrangements? Yes No Yes, please describe: 9. 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 a member of staff (d) related to a member of staff	Town:	
6. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application?	County:	
Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development? 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 possible: Officer name: Reference: Will any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development? If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings: Will any trees or hedges need to be removed or pruned in order to carry out your proposal? Yes No (Tyes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s) drawing(s) and indicate the scale. 9. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to an elected member (d) related to an elected member		
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Will any trees or hedges need to be removed or pruned in order to carry out your proposal? If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s) drawing(s) and indicate the scale. Section Parking Parking	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 possible: Officer name:	If Yes, please mark their position on a scaled
Will any trees or hedges need to be removed or pruned in order to carry out your proposal? If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s) drawing(s) and indicate the scale. Section Parking Parking	Reference:	
drawing(s) and indicate the scale. B. Parking	Date (DD MM YYYY): (must be pre-application submission)	to be removed or pruned in order to carry out your proposal? If Yes, please show on your plans which trees by giving them
Will the proposed works affect existing car parking arrangements? Yes No With respect to the Authority, I am: (a) a member of staff (b) an elected member statements apply to you? (c) related to a member of staff (d) related to an elected member		
existing car parking arrangements? Yes No (a) a member of staff (b) an elected member statements apply to you? (c) related to a member of staff (d) related to an elected member	8. Parking	
If Yes, please describe: (b) an elected member statements apply to you? (c) related to a member of staff (d) related to an elected member	Will the proposed works affect existing car parking arrangements?	(a) a member of staff Do any of these
	If Yes, please describe:	(c) related to a member of staff Yes No
		* * Section of the se

10. Materials If applicable, please sta	10. Materials If applicable, please state what materials are to be used externally. Include type, colour and name for each material:			
	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	FACING BRICK	FACING BRICH TO MATCH EXCISTING ROAM BORMER - SLATE KNOWN DORMON - SLATE/LEW		
Roof	TILED	First Roschier System		
Windows	Double Gurzes	DOUBLE GUREO		
Doors		NEW ALUMINIUM BI-FOLDING DOORS		
Boundary treatments (e.g. fences, walls)				
Vehicle access and hard-standing				The state of the s
Lighting				
Others (please specify)		NEW DOUBLE GUALTO LANTIORN		
	re you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Yes No. Yes, please state references for the plan(s)/drawing(s)/design and access statement:			No
30, 2	15/H292/1A 15/H292/3			

11. 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 2015 Certificate under Article 14

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 buildin is part of, an agricultural holding**	g to which the application relates, and that none of the land to which t	he application relates is, or
NOTE: You should sign Certificate B, C application relates but the land is, or i	or D, as appropriate, if you are the sole owner of the land or buildi s part of, an agricultural holding.	ng to which the
* "owner" is a person with a freehold intere ** "agricultural holding" has the meaning	est or leasehold interest with at least 7 years left to run. given by refer <u>ence to the definition of "aaricultural tenant" in section 65(8)</u>	of the Act.
Signed - Applicant:		Date (DD/MM/YYYY):
		25-9-15
I certify/ The applicant certifies that I ha 21 days before the date of this applicati application relates. * "owner" is a person with a freehold intere ** "agricultural tenant" has the meaning g	velopment Management Procedure) (England) Order 2015 Certific ve/the applicant has given the requisite notice to everyone else (as lis on, was the owner* and/or agricultural tenant** of any part of the lar est or leasehold interest with at least 7 years left to run. iven in section 65(8) of the Town and Country Planning Act 1990	ted below) who, on tne da nd or building to which thi
Name of Owner / Agricultural Tenant	Address	Date Notice Served
Signed Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):

11. Ownership Certificates and A	11. Ownership Certificates and Agricultural Land Declaration (continued)		
Tanana di Canatan Blancia a / Dana	CERTIFICATE OF OWNERSHIP - CE		
I certify/ The applicant certifies that:	elopment Management Procedure) (England) Order 2015 Certificat	te under Article 14
Neither Certificate A or B can be is: All reasonable stops have been tall.	sued for this application sen to find out the names and address	or of the other owners* and for a	aviaultuval tananta** - C
the land or building, or of a part of	fit, but I have/ the applicant has been	unable to do so.	gricultural teriants 01
* "owner" is a person with a freehold interest ** "agricultural tenant" has the meaning give			
The steps taken were:	and Cour	idy Fidining Act 1990	
Name of Owner / Agricultural Tenant	Addres	is /	Date Notice Served
		A ANNOUNCE OF THE PROPERTY OF	
Notice of the application has been publish		On the following date (whi	
(circulating in the area where the land is sit	:uated):	than 21 days before the dat	te of the application):
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
Town and Country Planning (Days)	CERTIFICATE OF OWNERSHIP - CEI opment Management Procedure) (I		a under Article 14
I certify/ The applicant certifies that:		ingland, order 2015 certificat	e under Article 14
 Certificate A cannot be issued for the All reasonable steps have been taken 	nis application en to find out the names and addresse	es of everyone else who, on the d	aw 21 days before the
date of this application, was the ow	ner* and/or agricultural tenant** of a	ny part of the land to which this	application relates, but I
have/ the applicant has been unabl "owner" is a person with a freehold interest o	e to do so. r leasehold interest with at least 7 years	left to run.	
** "agricultural tenant" has the meaning giver	ı in section 65(8) of the Town and Count	try Planning Act 1990	
The steps taken were:			
Notice of the application has been publishe	d in the following newspaper	On the following date (which	ch must not be earlier
(circulating in the area where the land is situ	pated):	than 21 days before the dat	te of the application):
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
12. Planning Application Requirer Please read the following checklist to make		in support of your proposal. Fa	ilure to submit all
information required will result in your appl the Local Planning Authority has been subn	ication being deemed invalid. It will r	not be considered valid until all in	nformation required by
The original and 3 copies of a The original and 3 copies of a The correct fee:			φ'
completed and dated application form: design and access statement if			
The original and 3 copies of a pian which includes the application of the description area or support the application of the description area or support the original and 3 copies of the description area or support the original and 3 copies of the description area or support to the original and 3 copies of the description area or support to the original and 3 copies of the description area or support to the original and 3 copies of the description area or support to the original and 3 copies of the description area or support to the original and 3 copies of the description area or support to the original and 3 copies of the description area or support to the original and 3 copies of the description area or support to the original and 3 copies of the description area or support to the description area or support			
relates drawn to an identified scale			
and showing the direction of North: The original and 3 copies of other plans Applicable) and Article 14 Certificate (Agricultural Holdings):			
and drawings or information necessary to describe the subject of the application:	\wedge	contineate (Agricult	

Information. I/we confirm that, to the best of my/our l	s described in the knowledge, and	this form and the accompanying plans/drawings and additional v facts stated are true and accurate and any opinions given are the
genuine opinions of the person(s) giving the Signed - Applicant:		D-t- (DD (MM 0000)
Signed - Applicant.		Date (DD/MM/YYYY): 25 - 9-15 (date cannot b pre-application)
14. Applicant Contact Details	-0	15. 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):
Country code: Fax number (optional):	1	Country code: Fax number (optional):
Email address (optional):	1	Email address (optional):
Ţ.		
16. Site Visit		
Can the site be seen from a public road, public footpat	th, bridleway or	or other public land? Yes No
If the planning authority needs to make an appointme out a site visit, whom should they contact? (Please sele	ent to carry ect 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:		