

Planning Services Camden Town Hall Argyle Street London WC1H 8EQ Email (enquiries only): env.devcon@camden.gov.uk : 020 7974 1911 Telephone

: 020 7974 5713

Date Payee App. No.

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. Applic	ant Name and Address	2. Agent Name and Address
Title:	MRS First name: CAILLIAN	Title: First name:
Last name:	KING	Last name:
Company (optional):		Company (optional):
Unit:	House number: 37 House suffix:	Unit: House House suffix;
House name:	-	House name:
Address 1:	GLLIOTT SQUARE	Address 1:
Address 2:		Address 2:
Address 3:		Address 3:
Town:	NOGHO	Town:
County:	_	County:
Country:	CNGLAND	Country:
Postcode:	NM3 320	Postcode:

3. Description of Proposed Works

Please describe the proposed works:

RETROSPECTIVE APPLICATION FOR APPROVAL OF CHANGES From a FIXED (ie non-opening) CHRACE DOOR TO A SOLID WALL AND FULL WIDTH WIMDOW AROVE WITH OPENING SKYLIGHT WINDOWS AGOVE (Previously fixed) RENDERING GTE OF OUTSIDE TO MATCH WITH GXISTING DECOR OF GATERIDE OF BUILDING , NO OTHER ALTERATIONS MADE I.E. ACCESS TO AND FROM GARAGE REMAINS UNALTERED THROUGH FILE DOOR FROM HALLWAY

Has the work already been completed?				
## Yes_please state when the work was started (DD/MM/YYYY): Has the work already been completed?	3. Description of Proposed Works (continued)			
Has the work already been completed? Yes	Has the work already started?			
If Yes, please state when the work was completed (DD/MM/YYYY): 2 - 2 - 3 (date must be pre-application submission, the submission of	If Yes, please state when the work was started (DD/MM/YYYY):	12.6 (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?			
Please provide the full postal address of the application site. Unit:	If Yes, please state when the work was completed (DD/MM/YYYY):	29 - 8 · 1 ≤ (date must be pre-application submission)		
Unit: house house house house house house house mame: house house	4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way		
Unit: number: suffix:				
House make: Address 1:				
Address 1:		proposed to or from the public highway? Yes No		
Address 2: Address 3: Town: County: Postcode (optional): 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(s) of the plan(s)/ drawings and state the reference number of any plans or drawings: N A	Address 1: CLLIOTT SAJACE	extinguishments and/or creation of public		
Address 3: Town: Ocunty: Postcode (optional): Ww3 3 S U 6. 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). Please will be pre-application advice deal with this application more efficiently). Postcode (optional): If Yes, please describe: The postcode of the plan(s)/ The	Address 2:			
County: Postcode (optional):		drawings and state the reference number(s) of the plan(s)/		
County: Postcode (optional): NW33SU 7. Trees and Hedges Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed 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: Date (DD MM YYYY): (must be pre-application advice received: Phone Call (14.03 Is application advice received: Phone Call (14.03 Is application advice received: Phone Call (14.03 Is application advice received: Reference: Will any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed yes No 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 eg. 11, 12 etc, state the reference number of the plan(s)/ drawing(s) and indicate the scale. Reference: Will any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed yes No 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 eg. 11, 12 etc, state the reference number of the plan(s)/ drawing(s) and indicate the scale. Plant Plan	Town: Landan			
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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 possible: Officer name: Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received: Please tick if the full contact details are not known, and then complete as much possible: Officer name: 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. Plank CAN Plank				
Has assistance or prior advice been sought from the local authority about this application?				
Officer name: Duty Officer	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).	are within falling distance of your proposed development? If Yes, please mark their position on a scaled		
Reference: Date (DD MM YYYY):		~ la		
Will any trees or hedges need to be removed or pruned in order to carry out your proposal? Yes No 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. 8. Parking Will the proposed works affect existing car parking arrangements? Yes No If 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 an elected member If Yes, please provide details of the name, relationship and role	DUTH OFFICER			
Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received: Prone Call e 14.03 5 Cash if pre-application advice received: Prone Call e 14.03 5 Cash if pre-application advice received: Prone Call e 14.03 5 Cash if pre-application advice received: Prone Call e 14.03 5 Cash if pre-application advice received: Prone Call e 14.03 5 Cash if pre-application advice received: Prone Call e 14.03 5 Cash if pre-application advice received: Prone Call e 14.03 5 Cash if pre-application advice received: Prone Call e 14.03 5 Cash if pre-application advice received: Prone Call e 14.03 5 Cash if pre-application advice received: Prone Call e 14.03 5 Cash if pre-application advice received: Pre-application submission) 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. Prone Call e 14.03 5 Cash if pre-application advice received: Pre-application submission	The Allen Country of the Country of	Will anything at hadre had		
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If Yes, please provide details of the name, relationship and role		With respect to the Authority, I am: (a) a member of staff Do any of these		
N)A	if Yes, please describe:	With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff With respect to the Authority, I am: Do any of these statements apply to you? Yes No		
	ir Yes, please describe:	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		

	Existing (where applicable)	Proposed	Not applicable	Don' Knov
Walls	None . Fixed char in place since 2000	Solid wall made with bricks and building blocks. Rendered & panired whire exterior Sandex		
Roof				
Windows	Non opening shylights only	changed to opening shylights + Dovbleg 1922d toghered glass 4mm CLTGH		
Doors			7	
Boundary treatments (e.g. fences, walls)				
Vehicle access and hard-standing				
Lighting				
Others (please specify)			Ø	
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Yes No fees, please state references for the plan(s)/drawing(s)/design and access statement. As emonited as zip Gile 37 Es King on each before and after and elevation Plan				

	e completed, together with the Agricultural Holdin CERTIFICATE OF OWNERSHIP - CERTIFICATE A	
Town and Country Planning (De	velopment Management Procedure) (England) Or	der 2010 Certificate under Article 12
certify/The applicant certifies that on the	ne day 21 days before the date of this application nob interest or leasehold interest with at least 7 years left to re	ody except myself/ the applicant was the
hich the appl	The rest of reasers such a contract reasers years left to re	my or any part of the land or building to
gned - Appli Or signed - Agent: Date (DD/MM/YY		
		27/11/201
		2/1/1/2/
certify/ The applicant certifies that I ha	CERTIFICATE OF OWNERSHIP - CERTIFICATE By velopment Management Procedure) (England) Orce we/the applicant has given the requisite notice to eve in, was the owner (owner is a person with a freehold inti- ing to which this application relates.	ryone else (as listed below) who on the d
Name of Owner	Address	Date Notice Served
gned - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY
ertify/ The applicant certifies that: Neither Certificate A or B can be	CERTIFICATE OF OWNERSHIP - CERTIFICATE C velopment Management Procedure) (England) Ordissued for this application	
ertify/ The applicant certifies that: Neither Certificate A or B can be All reasonable steps have been t	velopment Management Procedure) (England) Ord	rowners (owner is a nerson with a freehold
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ertify/ The applicant certifies that: Neither Certificate A or B can be All reasonable steps have been t interest or leasehold interest with been unable to do so, the steps taken were:	issued for this application aken to find out the names and addresses of the other at least 7 years left to run) of the land or building, or of Address Address Address On the following newspaper On the fo	r owners (owner is a person with a freehold a part of it , but I have/ the applicant has Date Notice Served

11. Ownership Certificates (continued)			
date of this application, was of any part of the land to wi	(Development Mage ed for this application een taken to find out the owner (owner)		gland) Order 2010 Certific of everyone else who, on the erest or leasehold interest wit	e day 21 days before the th at least 7 years left to run)
The steps taken were:				
Notice of the application has been p circulating in the area where the la		lowing newspaper		which must not be earlier date of the application):
Signed - Applicant:	/	Or signed - Agent:		Date (DD/MM/YYYY)
ідпес - Арріїсанс.		Or signed - Agent.		Date (DD/MIN//TTT)
	AGRIC (Development Ma gricultural Land Dec	claration - You Must Complet	land) Order 2010 Certific e Either A or B	ate under Article 12
(A) None of the lead to which the same Signed - Applica	IS,	or is part of, an agricultural Or signed - Agent:	nolding.	Date (DD/MM/YYYY
Signed - Applie		Or signed - Agent.		
				איסב(וו הב
B) I have/ The a perform the date of this application, as listed below:	e wasa tenam oran a	to every person other than n Igricultural holding on all or p	nyself/ the applicant who, c part of the land to which th	on the day 21 days is application relates,
Name of Tenant		Address		Date Notice Served
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY
3. Planning Application Re	guirements - Cl	hecklist		
lease read the following checklist to formation required will result in yo	ur application bein	ve sent all the information in g deemed invalid. It will not	support of your proposal. be considered valid until a	Failure to submit all Il information required by
ne Local Planning Authority has been he original and 3 copies of a	The o	riginal and 3 copies of a	The correct fee:	Ū,
ompleted and dated application fo he original and 3 copies of a plan w	hich propo	osed works fall within a	The original and	3 copies of the
lentifies the land to which the appl elates drawn to an identified scale nd showing the direction of North:	ication World	ervation area or d Heritage Site, or relate to a d Building:	completed, dated	d Ownership Cor D - as applicable):
he original and 3 copies of other pl nd drawings or information necess lescribe the subject of the application	ary to		The original and completed, dated (Agricultural Hold	d Article 12 Certificate

14. Declaration	
I/we hereby apply for planning permission/consent as described in the	his form and the accompanying plans/drawings and additional
information Signed - Ag Or signed - Agent:	Date (DD (AMM ANNA)
Signed - Approximately	
	27 11 201 (date cannot b
	064.4
15. Applicant Contact Details	16. Agent Contact Details
Telephone numbers	Telephone numbers
Extension	Extension
Country code: National number: number:	Country code: National number: number:
e _m	
	Country code: Mobile number (optional):
Country code: Fax number (optional):	Country code: Fax number (optional):
Email address (optional):	Email address (optional):
	and dealings (operation).
17. Site Visit	
Can the site be seen from a public road, public footpath, bridleway o	r other public land? Yes
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Agent Applicant Other (if different from the agent/applicant's details)
If Other has been selected, please provide:	agent/applicant s actually
Contact name:	Telephone number:
Email address:	