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 Fax: 020 7974 1680

Development Management  
 Camden Town Hall Extension  
 Argyle Street  
 London WC1H 8EQ

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](http://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: Ms First name: CHRISTINA	Title: First name:
Last name: FREYBERG	Last name:
Company (optional):	Company (optional):
Unit: House number: 19 House suffix:	Unit: House number: House suffix:
House name:	House name:
Address 1: ELVASTON PLACE	Address 1:
Address 2:	Address 2:
Address 3:	Address 3:
Town: LONDON	Town:
County:	County:
Country:	Country:
Postcode: SW7 5QF	Postcode:

**3. Description of Proposed Work**

Please describe the proposals to alter, extend or demolish the listed building(s):

- Block up existing door at ground floor level in entrance hall
- Create door at ground floor level in entrance hall (formerly a doorway)
- Block up existing door to bathroom and form new doorway in corridor
- Create new WC under stairs and bring in services and drainage
- In sitting room, ~~block up~~ block up fireplace, provide blue ventilation grille
- Create new door to internal shower room
- Create shower room in 2nd bedroom
- Make 2nd bedroom smaller
- Move door to 2nd bedroom
- Replace like-for-like ceiling in 1st bedroom and install insulation
- Replace and extend single story near extension
- Upgrade sanitary ware, move sink and add shower to create a wet room

### 3. Description of Proposed Work (continued)

Has the work already started without consent?  Yes  No

If Yes, please state when the work was started (DD/MM/YYYY):

(date must be pre-application submission)

Has the work been completed without consent?  Yes  No

If Yes, please state the date when the work was completed (DD/MM/YYYY):

(date must be pre-application submission)

### 4. Site Address Details

Please provide the full postal address of the application site.

Unit:  House number:  House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

Description of location or a grid reference. (must be completed if postcode is not known):

Easting:  Northing:

Description:

### 5. Related Proposals

Are there any current applications, previous proposals or demolitions for the site?  Yes  No

If Yes please describe and include the planning application reference number(s), if known:

Description	Reference number
Replace and extend single story rear extension	PP - 04885578

### 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 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?

### 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 statements apply to you?

- (a) a member of staff  Yes  No  
(b) an elected member  Yes  No  
(c) related to a member of staff  Yes  No  
(d) related to an elected member  Yes  No

If Yes, please provide details of the name, relationship and role

### 9. Materials

Please provide a description of existing and proposed materials and finishes to be used in the building (demolition excluded):

	Existing (where applicable)	Proposed	Not applicable	Don't Know
External walls	Fairface brick	Fairface London stock	<input type="checkbox"/>	<input type="checkbox"/>
Roof covering	Flat felt roof	Timber and glass conservatory roof - timber to be painted	<input type="checkbox"/>	<input type="checkbox"/>
Chimney	-	-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Windows	Painted timber framed windows	Hard wood timber framed full height fully glazed windows - to be painted	<input type="checkbox"/>	<input type="checkbox"/>
External doors	Painted timber frame door	Hard wood timber framed full height fully glazed French doors - to be painted	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings	1 <sup>st</sup> floor - 1 <sup>st</sup> bedroom (about to collapse)	Replace like for like. Squeeze taken of existing moulding. Installing insulation - 150mil	<input type="checkbox"/>	<input type="checkbox"/>
Internal walls	-	Create new shower room - 1 <sup>st</sup> floor 100 mil insulation stud walls	<input type="checkbox"/>	<input type="checkbox"/>
Floors	-	-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Internal doors	-	- Create new internal door to shower room - Move 2nd bedroom door	<input type="checkbox"/>	<input type="checkbox"/>
Rainwater goods		Re Updating <del>with</del> existing	<input type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)	-	-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard standing	-	-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lighting	Over 20/30 years old	Replace Update	<input type="checkbox"/>	<input type="checkbox"/>
Others (add description)			<input type="checkbox"/>	<input type="checkbox"/>

Are you supplying additional information on submitted drawings or plans?  Yes  No

If Yes, please state plan(s)/drawing(s) references:

LEV. 01. GROUND FLOOR HERITAGE  
 LEV. 01. FIRST FLOOR HERITAGE  
 LEV. 01.01. GROUND FLOOR HERITAGE  
 LEV. 01. ATTIC FLOOR

### 10. Demolition

Does the proposal include the partial or total demolition of a listed building?  Yes  No

If Yes, which of the following does the proposal involve?

a) Total demolition of the listed building:  Yes  No

b) Demolition of a building within the curtilage of the listed building:  Yes  No

c) Demolition of a part of the listed building:  Yes  No

If the answer to c) is Yes:

i) What is the total volume of the listed building?(cubic metres)

ii) What is the volume of the part to be demolished?(cubic metres)

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:

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Why is it necessary to demolish or extend (as applicable) all or part of the building(s) and or structure(s)?

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### 11. Listed Building Alterations

Do the proposed works include alterations to a listed building?  Yes  No

If Yes, do the proposed works include: (you must answer each of the questions)

a) Works to the interior of the building?  Yes  No

b) Works to the exterior of the building?  Yes  No

c) Works to any structure or object fixed to the property (or buildings within its curtilage) internally or externally?  Yes  No

d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)?  Yes  No

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):

<p>Plans attached of <del>the</del> <u>ground</u></p> <ul style="list-style-type: none"><li>- ground floor</li><li>- first floor</li></ul> <p>Existing plan of</p> <ul style="list-style-type: none"><li>- ground floor</li></ul> <p>Photos of 1<sup>st</sup> floor cornice</p>
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### 12. Listed Building Grading

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)

Grade I  Ecclesiastical Grade I

Grade II\*  Ecclesiastical Grade II\*

Grade II  Ecclesiastical Grade II

Don't know

### 13. Immunity From Listing

Has a Certificate of Immunity from Listing been sought in respect of this building?

Yes  No  Don't know

If Yes, please provide the result of the application:

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**14. Ownership Certificates**

One Certificate A, B, C, or D, must be completed with this application form

**CERTIFICATE OF OWNERSHIP - CERTIFICATE A**

**Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990**

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.

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY:

[Redacted Signature]

[Redacted Signature]

01/04/2016

**CERTIFICATE OF OWNERSHIP - CERTIFICATE B**

**Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990**

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\* of any part of the land or building to which this application relates.

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

Name of Owner	Address	Date Notice Served

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY:

[Redacted Signature]

[Redacted Signature]

[Redacted Date]

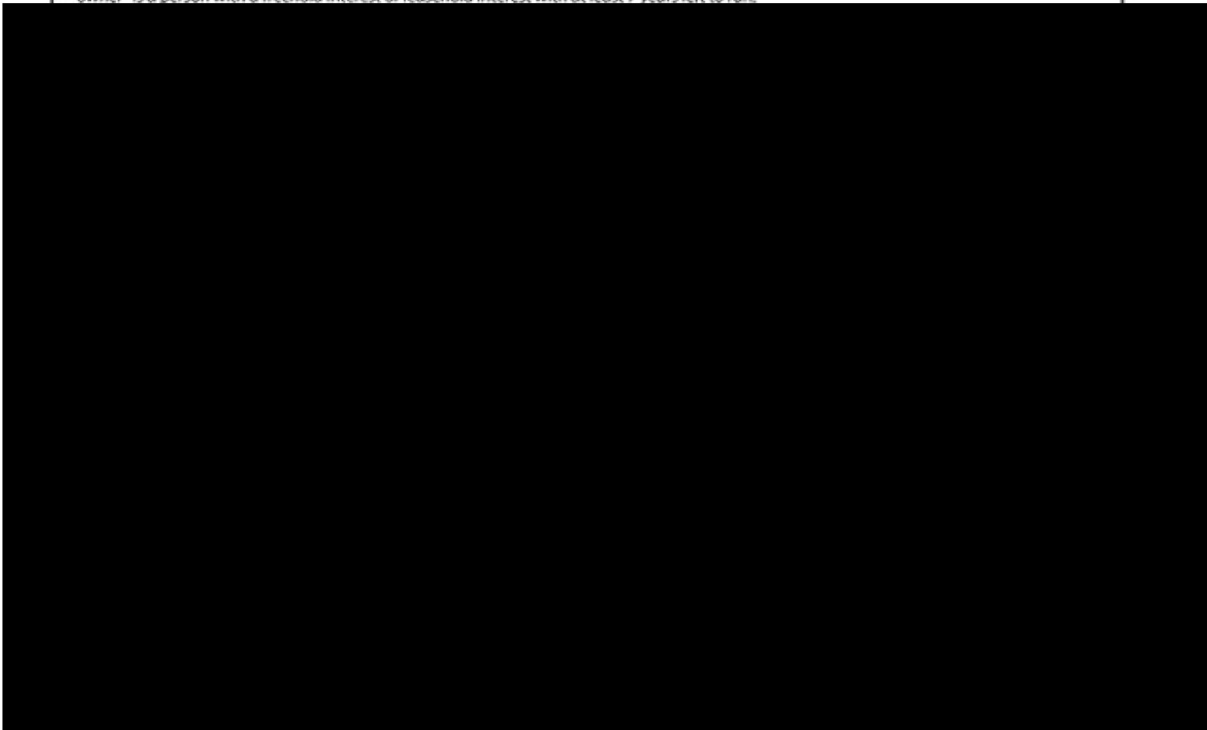
**CERTIFICATE OF OWNERSHIP - CERTIFICATE C**

**Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990**

I certify/ The applicant certifies that:

- Neither Certificate A or B can be issued for this application
- All reasonable steps have been taken to find out the names and addresses of the other owners\* of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.



#### 14. Ownership Certificates (continued)

##### CERTIFICATE OF OWNERSHIP - CERTIFICATE D Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

I certify/ The applicant certifies that:

- Certificate A cannot be issued for this application
- All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner\* of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

The steps taken were:

Notice of the application has been published in the following newspaper  
(circulating in the area where the land is situated):

On the following date (which must not be earlier  
than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY:

#### 15. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by 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 3 copies of other plans and drawings or information necessary to describe the subject of the application:

The original and 3 copies of the completed dated Ownership Certificate (A, B, C, or D - as applicable):

The original and 3 copies of a design and access statement, if required (see help text and guidance notes for details):

#### 16. 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.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

01/04/2016

(date cannot be pre-application)

#### 17. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

#### 18. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

#### 19. 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)

Agent  Applicant  Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address: