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## 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 Na      | ame, Address ar                                   | nd Contact Details               |                |             |           |
|----------------------|---------------------------------------------------|----------------------------------|----------------|-------------|-----------|
| Title: Mr            | First Name:                                       | Sasha                            |                | Surname:    | Vidakovic |
| Company name:        |                                                   |                                  |                |             |           |
| Street address:      | Flat 1st Floor , 17,                              | Sarre Road                       |                |             |           |
|                      |                                                   |                                  | Telephone numb | er:         |           |
|                      |                                                   |                                  | Mobile number: |             |           |
| Town/City:           | LONDON                                            |                                  | Fax number:    |             |           |
| Country:             |                                                   |                                  | Email address: |             |           |
| Postcode:            | NW2 3SN                                           |                                  |                |             |           |
| Are you an agent a   | acting on behalf of th                            | ne applicant?                    | Yes N          | lo          |           |
|                      |                                                   |                                  |                |             |           |
| 2. Agent Name        | , Address and C                                   | Contact Details                  |                |             |           |
| Title:               | First Name:                                       | Dermot                           |                | Surname:    | Gunn      |
| Company name:        | Sceales Gunn Desi                                 | ign Ltd                          |                |             |           |
| Street address:      | 6 North Grove                                     |                                  |                |             |           |
|                      |                                                   |                                  | Telephone numb | er: 07986   | 6219444   |
|                      |                                                   |                                  | Mobile number: |             |           |
| Town/City:           | London                                            |                                  | Fax number:    |             |           |
| Country:             |                                                   |                                  | Email address: |             |           |
| Postcode:            | N6 4SL                                            |                                  | dermot@sceales | sgunn.co.uk |           |
|                      |                                                   |                                  |                |             |           |
| 3. Description       | of the Proposal                                   |                                  |                |             |           |
| Please describe th   | ne proposed develop                               | oment including any change of us | se:            |             |           |
|                      | oor flat consisting of:<br>ip-to-gable roof alter |                                  |                |             |           |
| - Alteration to side | e elevation chimneys                              | S,                               |                |             |           |
| - New dormer to r    | ghts to street elevation.                         | on root,                         |                |             |           |
| Has the building, v  | vork or change of us                              | se already started?              | s   No         |             |           |
| O.                   | ŭ                                                 | ,                                |                |             |           |

| 4. Site Addres     | ss De    | tails              |               |                    |            |                    |                |                |           |         |      |               |       |
|--------------------|----------|--------------------|---------------|--------------------|------------|--------------------|----------------|----------------|-----------|---------|------|---------------|-------|
| Full postal addre  | ss of th | ne site (including | full postcode | e where available  | e)         | Description:       |                |                |           |         |      |               |       |
| House:             | 17       | S                  | Suffix:       |                    |            |                    |                |                |           |         |      |               |       |
| House name:        | Flat 1   | st Floor           |               |                    |            |                    |                |                |           |         |      |               |       |
| Street address:    | Sarre    | Road               |               |                    | ĺ          |                    |                |                |           |         |      |               |       |
|                    |          |                    |               |                    | ĺ          |                    |                |                |           |         |      |               |       |
|                    |          |                    |               |                    |            |                    |                |                |           |         |      |               |       |
| Town/City:         | LONE     | OON                |               |                    |            |                    |                |                |           |         |      |               |       |
| Postcode:          | NW2      | 3SN                |               |                    |            |                    |                |                |           |         |      |               |       |
|                    |          | or a grid referenc |               |                    |            |                    |                |                |           |         |      |               |       |
| Easting:           | 52468    |                    | ,             |                    |            |                    |                |                |           |         |      |               |       |
| Northing:          | 18526    | 66                 |               |                    |            |                    |                |                |           |         |      |               |       |
|                    |          |                    |               |                    | ı          |                    |                |                |           |         |      |               |       |
| 5. Pre-applica     | tion /   | Advice             |               |                    |            |                    |                |                |           |         |      |               |       |
|                    |          |                    |               |                    |            |                    |                |                |           |         |      |               |       |
| Has assistance of  | or prior | advice been sou    | ght from the  | local authority a  | bout thi   | s application?     |                | Yes            | ○ No      | )       |      |               |       |
| If Yes, please co  | mplete   | the following info | ormation abo  | out the advice yo  | u were     | given (this will h | elp the author | rity to deal v | with this | applica | tion | more efficien | tly): |
| Officer name:      |          |                    |               |                    |            |                    |                |                |           |         |      |               |       |
| Title: Ms          |          | First name:        | Tessa         |                    |            |                    | Surname:       | Craig          |           |         |      |               |       |
| Reference:         |          |                    |               |                    |            |                    |                |                |           |         |      |               |       |
| Date (DD/MM/Y)     |          |                    |               | pre-application    | submiss    | sion)              |                |                |           |         |      |               |       |
| Details of the pre | e-applic | ation advice rece  | eived:        |                    |            |                    |                |                |           |         |      |               |       |
|                    |          |                    |               |                    |            |                    |                |                |           |         |      |               |       |
| 0. D. J (alan      | 11       | /-1-1-1- A         |               | I D'al-ta-         | - ( ) 4 /  | _                  |                |                |           |         |      |               |       |
| 6. Pedestrian      | and \    | enicle Acces       | ss, Roads     | and Rights of      | of Way     | 1                  |                |                |           |         |      |               |       |
| Is a new or altere | ed vehi  | cle access propo   | sed to or fro | m the public hig   | hway?      |                    |                |                | 0         | Yes     | •    | No            |       |
|                    |          |                    |               |                    |            |                    |                |                | _         |         |      |               |       |
| Is a new or altere | ed pede  | estrian access pro | oposed to or  | from the public    | highwa     | y?                 |                |                | 0         | Yes     | •    | No            |       |
| Are there any ne   | w publi  | c roads to be pro  | vided within  | the site?          |            |                    |                |                | 0         | Yes     | •    | No            |       |
| Are there any ne   | w publi  | c rights of way to | be provided   | d within or adjac  | ent to th  | e site?            |                |                | 0         | Yes     | •    | No            |       |
| Do the proposals   | s requir | e any diversions/  | extinguishm   | ents and/or crea   | ation of r | ights of way?      |                |                | 0         | Yes     | •    | No            |       |
|                    |          |                    |               |                    |            |                    |                |                |           |         |      |               |       |
|                    |          |                    |               |                    |            |                    |                |                |           |         |      |               |       |
| 7. Waste Stor      | age a    | nd Collection      |               |                    |            |                    |                |                |           |         |      |               |       |
| Do the plans inco  | arnarat  | a areas to store o | and aid the a | follection of wood | to?        |                    |                |                |           | Yes     | (0)  | No            |       |
|                    |          |                    |               |                    |            |                    |                |                |           | 163     | 0    | NO            |       |
| Have arrangeme     | nts bee  | en made for the s  | eparate stor  | age and collecti   | on of re   | cyclable waste?    |                |                | 0         | Yes     | •    | No            |       |
|                    |          |                    |               |                    |            |                    |                |                |           |         |      |               |       |
|                    |          |                    |               |                    |            |                    |                |                |           |         |      |               |       |

| 8. Authority Employee/Member                                                                                    |                                |                      |         |                                     |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------|---------|-------------------------------------|
| With respect to the Authority Loren                                                                             |                                |                      |         |                                     |
| With respect to the Authority, I am: (a) a member of staff                                                      |                                |                      |         |                                     |
| (b) an elected member                                                                                           | Do any of these statemer       | nts apply to you?    |         |                                     |
| (c) related to a member of staff                                                                                | ,                              | 11,                  |         |                                     |
| (d) related to an elected member                                                                                |                                |                      |         |                                     |
|                                                                                                                 |                                |                      |         |                                     |
| 9. Materials                                                                                                    |                                |                      |         |                                     |
| Please state what materials (including type, colour and                                                         | name) are to be used external  | lly (if annlicable): |         |                                     |
| Roof - description:                                                                                             | iame, are to be used external  | пу (п аррпсавле).    |         |                                     |
| Description of existing materials and finishes:                                                                 |                                |                      |         |                                     |
| Pitched roof tiles.                                                                                             |                                |                      |         |                                     |
| Description of <i>proposed</i> materials and finishes:                                                          |                                |                      |         |                                     |
| Extended sections of front & back roof pitch to have roo                                                        | of tiles to match existing     |                      |         |                                     |
| Roof verge detail to be cemented edge to match existing                                                         |                                |                      |         |                                     |
| Walls - description:                                                                                            |                                |                      |         |                                     |
| Description of existing materials and finishes:                                                                 |                                |                      |         |                                     |
| Brick.                                                                                                          |                                |                      |         |                                     |
| Description of <i>proposed</i> materials and finishes:                                                          |                                |                      |         |                                     |
| New brick to match existing in size, bond, grout size. B                                                        | ick colour will match existing | as closely as pos    | sible.  |                                     |
| Windows - description:                                                                                          |                                |                      |         |                                     |
| Description of <i>existing</i> materials and finishes:                                                          |                                |                      |         |                                     |
| Painted frames.                                                                                                 |                                |                      |         |                                     |
| Description of <i>proposed</i> materials and finishes:                                                          |                                |                      |         |                                     |
| Gray frames.                                                                                                    |                                |                      |         |                                     |
| OTUED A Local disc                                                                                              |                                |                      |         |                                     |
| OTHER - description:  Type of other material: Dormer                                                            |                                |                      |         |                                     |
| Type of other material: Dormer  Description of existing materials and finishes:                                 |                                |                      |         |                                     |
| Clad in sheet material.                                                                                         |                                |                      |         |                                     |
|                                                                                                                 |                                |                      |         |                                     |
| Description of <i>proposed</i> materials and finishes:                                                          | and as lead as nestically but  |                      |         |                                     |
| Dormer cheeks (sides) to be clad in grey sheet materia Fascia board & gutter, colour to compliment the existing |                                | ig cement lies.      |         |                                     |
|                                                                                                                 |                                |                      |         |                                     |
| Are you supplying additional information on submitted p                                                         | an(s)/drawing(s)/design and a  | access statement     | ?       | Yes No                              |
| If Yes, please state references for the plan(s)/drawing(s                                                       | /design and access statemer    | nt·                  |         |                                     |
| Drg. No. SARRE-P-100: Site Location Plan / Block Plan                                                           |                                |                      |         |                                     |
| Drg. No. SARRE-P-101: Existing Floor Plans                                                                      |                                |                      |         |                                     |
| Drg. No. SARRE-P-102: Proposed Floor Plans / Design                                                             |                                |                      |         |                                     |
| Drg. No. SARRE-P-103: Existing & Proposed Elevation Drg. No. SARRE-P-104: Existing & Proposed Section           | S                              |                      |         |                                     |
| Dig. No. SARRE-F-104. Existing & Floposed Section                                                               |                                |                      |         |                                     |
|                                                                                                                 |                                |                      |         |                                     |
| 10. Vehicle Parking                                                                                             |                                |                      |         |                                     |
| No Vehicle Parking details were submitted for this applic                                                       | ation                          |                      |         |                                     |
|                                                                                                                 |                                |                      |         |                                     |
| 11. Foul Sewage                                                                                                 |                                |                      |         |                                     |
|                                                                                                                 |                                |                      |         |                                     |
| Please state how foul sewage is to be disposed of:                                                              |                                |                      |         |                                     |
| Mains sewer Package tre                                                                                         | atment plant                   |                      | Unknown |                                     |
| Septic tank Cess pit                                                                                            |                                |                      | Other   |                                     |
| Are you proposing to connect to the existing drainage s                                                         | vstem?    Yes                  | s O No O             | Unknown |                                     |
| If Yes, please include the details of the existing system                                                       |                                |                      |         | rawing(s):                          |
|                                                                                                                 |                                |                      |         | ··································· |
|                                                                                                                 |                                |                      |         |                                     |

| Proposed design will connect into the existing rainwater pipes and foul pipes (as noted in the Design & Access Statement                                                                                                                                                                                                                                                                       | on [   | Org. N | o. S/  | ARRE-P-102). |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|--------|--------------|
|                                                                                                                                                                                                                                                                                                                                                                                                |        |        |        |              |
| 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.)                                                                                                                                          | 0      | 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)?                                                                                                                                                                                                                                                                                                               | 0      | Yes    | •      | No           |
| Will the proposal increase the flood risk elsewhere?                                                                                                                                                                                                                                                                                                                                           | 0      | 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 reason important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affect.  Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conservation. | cted I | by you | ır pro | pposals.     |
| application site, OR on land adjacent to or near the application site:                                                                                                                                                                                                                                                                                                                         |        |        |        |              |
| a) Protected and priority species                                                                                                                                                                                                                                                                                                                                                              |        |        |        |              |
| <ul><li>Yes, on the development site</li><li>Yes, on land adjacent to or near the proposed development</li></ul>                                                                                                                                                                                                                                                                               | ent    |        | •      | No           |
| b) Designated sites, important habitats or other biodiversity features                                                                                                                                                                                                                                                                                                                         |        |        |        |              |
| <ul> <li>Yes, on the development site</li> <li>Yes, on land adjacent to or near the proposed development</li> </ul>                                                                                                                                                                                                                                                                            | ∍nt    |        | •      | No           |
| c) Features of geological conservation importance                                                                                                                                                                                                                                                                                                                                              |        |        |        |              |
| <ul> <li>Yes, on the development site</li> <li>Yes, on land adjacent to or near the proposed development</li> </ul>                                                                                                                                                                                                                                                                            | ent    |        | •      | No           |
|                                                                                                                                                                                                                                                                                                                                                                                                |        |        |        |              |
| 14. Existing Use                                                                                                                                                                                                                                                                                                                                                                               |        |        |        |              |
| Please describe the current use of the site:  Existing semi-detached house with two flats located as listed below: - Flat to Ground floor, - Flat to 1st floor & existing loft (which application is for).                                                                                                                                                                                     |        |        |        |              |
| Is the site currently vacant?                                                                                                                                                                                                                                                                                                                                                                  | 0      | Yes    | •      | No           |
| 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?                                                                                                                                                                                                                                                                                                                                                        | 0      | Yes    | •      | No           |
| Land where contamination is suspected for all or part of the site?                                                                                                                                                                                                                                                                                                                             | 0      | Yes    | •      | No           |
| A proposed use that would be particularly vulnerable to the presence of contamination?                                                                                                                                                                                                                                                                                                         | 0      | Yes    | •      | No           |
|                                                                                                                                                                                                                                                                                                                                                                                                |        |        |        |              |

11. Foul Sewage

| Bedsits/Studios                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                       |                            |                            |                       |                                           | oment site that could influence                                      | the          | (         | Yes       | <ul><li>N</li></ul> | lo         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------|----------------------------|----------------------------|-----------------------|-------------------------------------------|----------------------------------------------------------------------|--------------|-----------|-----------|---------------------|------------|
| Residential Units  as your proposal include the gain or loss of residential units?    Yes   No   Yes   Yes  | es to either or both uired, this and the a | of the aboveccompanyi | e, you <u>n</u><br>ng plan | <u>nay</u> nee<br>should l | d to prov<br>be submi | ride a full Tree Si<br>itted alongside ye | urvey, at the discretion of your<br>our application. Your local plan | ining author | ority sho | uld mak   | e clear             | on its wel |
| Residential Units  as your proposal include the gain or loss of residential units?    Yes   No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                       |                            |                            |                       |                                           |                                                                      |              |           |           |                     |            |
| Residential Units  as your proposal include the gain or loss of residential units?    Number of bedrooms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Trade Effluent                             |                       |                            |                            |                       |                                           |                                                                      |              |           |           |                     |            |
| Residential Units  arket Housing - Proposed    Number of bedrooms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                       |                            |                            |                       |                                           |                                                                      |              |           |           |                     |            |
| As your proposal include the gain or loss of residential units?    Number of bedrooms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | es the proposal invo                       | lve the nee           | d to disp                  | oose of                    | trade effl            | luents or waste?                          |                                                                      |              | (         | Yes       | N                   | lo         |
| Number of bedrooms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Residential Un                             | its                   |                            |                            |                       |                                           |                                                                      |              |           |           |                     |            |
| Number of bedrooms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | es your proposal inc                       | lude the ga           | in or los                  | s of res                   | idential ι            | units?                                    |                                                                      |              | (         | Yes       | N                   | lo         |
| 1   2   3   4+   Unknown   Bedists/Studios   1   2   3   4+   Unknown   Bedists/Studios   Cluster Flats   Cl   | arket Housing - Propo                      | sed                   |                            |                            |                       |                                           | Market Housing - Existin                                             | g            |           |           |                     |            |
| Bedsits/Studios                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                       | Num                        | ber of be                  | drooms                |                                           |                                                                      |              | Num       | ber of be | drooms              |            |
| Cluster Flats                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            | 1                     | 2                          | 3                          | 4+                    | Unknown                                   |                                                                      | 1            | 2         | 3         | 4+                  | Unknown    |
| Flats/Maisonettes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                       |                            |                            |                       |                                           | Bedsits/Studios                                                      |              |           |           |                     |            |
| Houses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | uster Flats                                |                       |                            |                            |                       |                                           | Cluster Flats                                                        |              |           |           |                     |            |
| E-Work Units seltered Housing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ts/Maisonettes                             |                       |                            |                            |                       |                                           | Flats/Maisonettes                                                    |              |           |           |                     |            |
| Sheltered Housing   Social Rented Housing   Total   Social Rented Housing - Proposed   Social Rented Housing - Existing   Number of bedrooms   1 2 3 4 + Unknown   1 2 3 4 + Unknown   Sheltered Housing   She | uses                                       |                       |                            |                            |                       |                                           | Houses                                                               |              |           |           |                     |            |
| Unknown   Unkn   | e-Work Units                               |                       |                            |                            |                       |                                           | Live-Work Units                                                      |              |           |           |                     |            |
| Existing Market Housing Total   Existing Market Housing Total   Existing Market Housing Total   Existing Market Housing Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | eltered Housing                            |                       |                            |                            |                       |                                           | Sheltered Housing                                                    |              |           |           |                     |            |
| Number of bedrooms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | known                                      |                       |                            |                            |                       |                                           | Unknown                                                              |              |           |           |                     |            |
| Number of bedrooms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | oposed Market Housing                      | g Total               |                            |                            |                       |                                           | Existing Market Housing To                                           | otal         |           |           |                     | ]          |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | cial Rented Housing                        | - Proposed            |                            |                            |                       |                                           | Social Rented Housing -                                              | Existing     |           |           |                     |            |
| Bedsits/Studios   Bedsits/Studios   Bedsits/Studios   Bedsits/Studios   Bedsits/Studios   Bedsits/Studios   Bedsits/Studios   Bedsits/Studios   Bedsits/Studios   Cluster Flats   Cluster Fl   |                                            |                       | Num                        |                            | drooms                |                                           |                                                                      |              | Num       | ber of be | drooms              |            |
| siter Flats sites/Maisonettes sites/Studios  |                                            | 1                     | 2                          | 3                          | 4+                    | Unknown                                   |                                                                      | 1            | 2         | 3         | 4+                  | Unknown    |
| Flats/Maisonettes  uses  e-Work Units  eltered Housing  known  Deposed Social Housing Total  Existing Social Housing Total  Existing Social Housing Total  Existing Social Housing Total  Intermediate Housing - Existing  Number of bedrooms  1 2 3 4+ Unknown  disits/Studios  user Flats  User Flats  Cluster Flats  Cluster Flats  Flats/Maisonettes  Houses  Houses  Sheltered Housing - Existing  Intermediate Housing - Existing  Cluster Flats  Cluster Flats  Flats/Maisonettes  Houses  Houses  Houses  Sheltered Housing  Sheltered Housing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | dsits/Studios                              |                       |                            |                            |                       |                                           | Bedsits/Studios                                                      |              |           |           |                     |            |
| Houses  e-Work Units  eltered Housing  known  Deposed Social Housing Total  Existing Social Housing Total  Existing Social Housing Total  Existing Social Housing Total  Intermediate Housing - Existing  Number of bedrooms  1 2 3 4+ Unknown  dsits/Studios  uster Flats  Uster Flat | uster Flats                                |                       |                            |                            |                       |                                           |                                                                      |              |           |           |                     |            |
| Live-Work Units   Live-Work    | ts/Maisonettes                             |                       |                            |                            |                       |                                           | Flats/Maisonettes                                                    |              |           |           |                     |            |
| Sheltered Housing Inknown  Sheltered Housing Unknown  Existing Social Housing Total  Existing Social Housing Total  Intermediate Housing - Existing  Number of bedrooms  Number of bedrooms  1 2 3 4+ Unknown  Intermediate Housing - Existing  Number of bedrooms  Sheltered Housing - Existing  Cluster Flats Cluster Flats Cluster Flats Flats/Maisonettes Flats/Maisonettes Flats/Maisonettes Flats/More Units Flats/Flats Flats/More Units Flats/Flats Flats/Flats Flats/Flats Flats/Flats Flats/Flats Flats/More Units Flats/Flats Fl |                                            |                       |                            |                            |                       |                                           |                                                                      |              |           |           |                     | ļ          |
| Existing Social Housing Total   Existing Social Housing Total   Existing Social Housing Total     Existing Social Housing Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | _                     |                            |                            |                       |                                           |                                                                      | _            |           |           |                     |            |
| Existing Social Housing Total    Intermediate Housing - Proposed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                       |                            |                            |                       |                                           |                                                                      | _            |           |           |                     |            |
| Intermediate Housing - Proposed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | known                                      |                       |                            |                            |                       |                                           |                                                                      |              |           |           |                     |            |
| Number of bedrooms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | oposed Social Housing                      | Total                 |                            |                            |                       |                                           | Existing Social Housing To                                           | tal          |           |           |                     |            |
| 1   2   3   4+   Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ermediate Housing -                        | Proposed              |                            |                            |                       |                                           | Intermediate Housing - E                                             | xisting      |           |           |                     |            |
| Bedsits/Studios  Bedsits/Studios  Cluster Flats  Cluster Flats  Flats/Maisonettes  Flats/Maisonettes  Live-Work Units  Deltered Housing  Bedsits/Studios  Cluster Flats  Flats/Maisonettes  Flats/Maisonettes  Sheltered Housing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                       |                            |                            | 1                     |                                           |                                                                      |              |           |           |                     | 1          |
| Cluster Flats  Cluster Flats  Flats/Maisonettes  Houses  e-Work Units  eltered Housing  Cluster Flats  Flats/Maisonettes  Live-Work Units  Sheltered Housing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | 1                     | 2                          | 3                          | 4+                    | Unknown                                   |                                                                      | 1            | 2         | 3         | 4+                  | Unknowr    |
| Flats/Maisonettes  uses  Houses  Live-Work Units  eltered Housing  Sheltered Housing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                       |                            |                            |                       |                                           |                                                                      |              |           |           |                     |            |
| Houses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | _                     |                            |                            |                       |                                           |                                                                      | -            |           |           |                     |            |
| e-Work Units Live-Work Units Sheltered Housing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                       |                            |                            |                       |                                           |                                                                      | -            |           |           |                     |            |
| eltered Housing Sheltered Housing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                       |                            |                            |                       |                                           |                                                                      | -            |           |           |                     |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                       |                            |                            |                       |                                           |                                                                      | -            |           |           |                     |            |
| UIKIUWII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                       |                            |                            |                       |                                           |                                                                      | -            |           |           |                     |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NIOWII                                     |                       |                            |                            |                       |                                           | OHKHOWH                                                              |              | <u> </u>  |           |                     |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | roposed Intermediate Ho                    | ousing Total          |                            |                            |                       |                                           | Existing Intermediate Hous                                           | sing Total   |           |           |                     |            |

15. Trees and Hedges

| Key Worker Housing - P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | roposed                                                             |                                                          |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Key                                        | Worker Housing - Ex    | istina    |           |            |                     |               |
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| Ney Worker Housing - P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | - oposeu                                                            | Num                                                      | ber of be                                   | edrooms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Key                                        |                        | suriy     | Num       | ber of bed | drooms              |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                                                   | 2                                                        | 3                                           | 4+ Unl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -                                          |                        | 1         | 2         | 3          | 4+                  | Unknown       |
| Bedsits/Studios                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <del></del>                                                         | _                                                        | <u> </u>                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Beds                                       | its/Studios            | <u> </u>  | -         | -          |                     |               |
| Cluster Flats                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                          |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Clus                                       | er Flats               |           |           |            |                     |               |
| Flats/Maisonettes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                                                   |                                                          |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | /Maisonettes           | +         |           |            |                     | $\vdash$      |
| Houses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                                          |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Hous                                       |                        |           |           |            |                     |               |
| Live-Work Units                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                          |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Live                                       | Work Units             |           |           |            |                     |               |
| Sheltered Housing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                          |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Shel                                       | ered Housing           |           |           |            |                     |               |
| Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | $\top$                                                              |                                                          |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Unkı                                       | own                    |           |           |            |                     |               |
| Proposed Key Worker Hou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     | ent: No                                                  | n-resi                                      | idential FI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | ing Key Worker Housi   | ng Total  |           |            |                     |               |
| Ooes your proposal inv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | olve the los                                                        | ss, gain d                                               | or chan                                     | ge of use of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | sidential floorspac                        | <b>;</b> ?             |           |           | Yes        | <ul><li>N</li></ul> | 0             |
| 9. Employment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                          |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                        |           |           |            |                     |               |
| lo Employment details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | were subm                                                           | itted for                                                | this app                                    | plication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                        |           |           |            |                     |               |
| 0. Hours of Openi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ing                                                                 |                                                          |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                        |           |           |            |                     |               |
| o. Hours or openi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ''9                                                                 |                                                          |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                        |           |           |            |                     |               |
| o Hours of Opening de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | tails were                                                          | submitte                                                 | ed for th                                   | is application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                        |           |           |            |                     |               |
| 1. Site Area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                                          |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                        |           |           |            |                     |               |
| What is the site area?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     | 225.0                                                    | 00                                          | sq.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                        |           |           |            |                     |               |
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| 22. Industrial or Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | mmercia                                                             | al Proc                                                  | esses                                       | s and Mac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | y                                          |                        |           |           |            |                     |               |
| Please describe the act                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | tivities and                                                        | process                                                  | es whic                                     | ch would be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | the end products       | including | plant, ve | ntilation  | or air c            | conditioning  |
| Please describe the act Please include the type N/A s the proposal for a wa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | tivities and of machine                                             | process<br>ery whic                                      | es whic<br>h may t                          | ch would be o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                        | including | plant, ve | ntilation  | or air c            | conditioning  |
| Please describe the act<br>Please include the type<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | tivities and of machine steemanage ation you w                      | processery which                                         | es which may be eveloped to provi           | ch would be one installed of the installed of the installed of the installed installed installed installed further installed i | out on the site and                        | <ul><li>No</li></ul>   |           |           |            |                     |               |
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| Please describe the act<br>Please include the type<br>N/A<br>s the proposal for a wa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ivities and of machine aste manage ation you wation it requ         | processery which                                         | es which may be eveloped to provi           | ch would be one installed of the installed of the installed of the installed installed installed installed further installed i | out on the site and                        | <ul><li>No</li></ul>   |           |           |            |                     |               |
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| lease describe the act<br>lease include the type<br>N/A the proposal for a wa<br>this is a landfill applicate the clear what inform  3. Hazardous Sub                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ivities and of machine aste manage ation you wation it requests     | process<br>ery which<br>ement d<br>vill need<br>uires on | es which may be eveloped to provide its web | ch would be one installed of the control of the con | out on the site and  Yes on before your ap | No  Dication can be de |           | Your wa   | ste plar   | nning au            |               |
| lease describe the act lease include the type I/A  the proposal for a wa this is a landfill applica ake clear what inform  B. Hazardous Sub any hazardous waste  A. Toxic substances                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ivities and of machine aste manage ation you wation it requestances | processon which which will need uires on the pro         | es which may be eveloped to provide its web | ch would be one installed of the control of the con | out on the site and  Yes on before your ap | No  Dication can be de |           | Your wa   | ste plan   | nning au            | ithority shou |
| Please describe the act<br>Please include the type<br>N/A<br>s the proposal for a wa<br>this is a landfill applicated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ivities and of machine aste manage ation you wation it requestances | processon which which will need uires on the pro         | es which may be eveloped to provide its web | ch would be one installed of the control of the con | out on the site and  Yes on before your ap | No  Dication can be de |           | Your wa   | ste plan   | nning au            | ithority shou |

| 23. Hazard                                           | dous Substances                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |            |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------|
| C. Flammal                                           | ble substances (unless specifically named in parts A and B)  Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | held on site                                                                         | ne(s)      |
| 24. Site Vi                                          | sit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                      |            |
|                                                      | be seen from a public road, public footpath, bridleway or other public land?  • Yes • No ng authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select on gent • The applicant • Other person                                                                                                                                                                                                                                                                                                            | ly one)                                                                              |            |
| I certify/ The a<br>application, wa<br>the meaning g | Certificate of Ownership - Certificate B  Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 as the owner (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) and/or agricultura 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 re | days before the date of this<br>I tenant <i>("agricultural tenant" he</i><br>elates. | <b>3</b> S |
| Owner/Agric                                          | cultural Tenant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date notice served                                                                   | _          |
| Name:<br>Number:<br>Street:                          | Rita Sousa-Nunes  Suffix: House name:  17 Sarre Rd, Ground Floor Flat.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 15/06/2016                                                                           | 1          |
| Locality: Town: Postcode:                            | London  NW2 3SN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      | J          |
| Name: Number: Street: Locality:                      | Barbara Lipietz  Suffix: House name:  17 Sarre Rd, First Floor Flat.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 14/06/2016                                                                           |            |
| Town: Postcode:                                      | London  NW2 3SN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |            |
| Title: Mr<br>Person role:                            | First name: Surname: Gunn  AGENT Declaration date: 14/06/2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ✓ Declaration made                                                                   |            |
| drawings and                                         | apply for planning permission/consent as described in this form and the accompanying plans/d additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are curate and any opinions given are the genuine opinions of the person(s) giving them.                                                                                                                                                                                                                                                                       | e 14/06/2016                                                                         |            |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |            |