

Email: [planning@camden.gov.uk](mailto:planning@camden.gov.uk)  
 Phone: 020 7974 4444  
 Fax: 020 7974 1680

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

Application for listed building consent for alterations, extension or demolition of a listed building.  
 Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting [www.planningportal.gov.uk/apply](http://www.planningportal.gov.uk/apply)

**Publication of applications on planning authority websites**

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

<p><b>1. Applicant Name and Address</b></p> <p>Title: <input type="text"/> First name: <input type="text" value="DUNCAN"/></p> <p>Last name: <input type="text" value="CLOUGH"/></p> <p>Company (optional): <input type="text" value="UNIVERSITY OF LONDON"/></p> <p>Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/></p> <p>House name: <input type="text" value="SENATE HOUSE"/></p> <p>Address 1: <input type="text" value="MALET STREET"/></p> <p>Address 2: <input type="text"/></p> <p>Address 3: <input type="text"/></p> <p>Town: <input type="text" value="LONDON"/></p> <p>County: <input type="text"/></p> <p>Country: <input type="text" value="ENGLAND"/></p> <p>Postcode: <input type="text" value="WC1E 7HU"/></p>	<p><b>2. Agent Name and Address</b></p> <p>Title: <input type="text"/> First name: <input type="text"/></p> <p>Last name: <input type="text"/></p> <p>Company (optional): <input type="text" value="ATP ARCHITECTS + SURVEYORS"/></p> <p>Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/></p> <p>House name: <input type="text" value="BROOK HOUSE"/></p> <p>Address 1: <input type="text" value="COVENTRY ROAD"/></p> <p>Address 2: <input type="text"/></p> <p>Address 3: <input type="text"/></p> <p>Town: <input type="text" value="ILFORD"/></p> <p>County: <input type="text" value="ESSEX"/></p> <p>Country: <input type="text" value="ENGLAND"/></p> <p>Postcode: <input type="text" value="IG1 4QR"/></p>
<p><b>3. Description of Proposed Work</b></p> <p>Please describe the proposals to alter, extend or demolish the listed building(s):</p> <div style="border: 1px solid black; padding: 10px; min-height: 150px;"> <p>- CREATION OF UNDER STAIRS SHOWER ROOM</p> <p>- RE ARRANGEMENT OF EXISTING BATHROOM</p> </div>	

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

Has the work already started without consent?  Yes  No

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

(date must be pre-application submission)

Has the work been completed without consent?  Yes  No

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

(date must be pre-application submission)

### 4. Site Address Details

Please provide the full postal address of the application site.

Unit:  House number:  House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

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

Easting:  Northing:

Description:

### 5. Related Proposals

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

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

Description	Reference number

### 6. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?  Yes  No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible:

Officer name:

Reference:

Date (DD/MM/YYYY):

(must be pre-application submission)

Details of pre-application advice received?

### 7. Neighbour and Community Consultation

Have you consulted your neighbours or the local community about the proposal?  Yes  No

If Yes, please provide details:

### 8. Authority Employee / Member

With respect to the Authority, I am: Do any of these statements apply to you?

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

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

### 9. Materials

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

	Existing (where applicable)	Proposed	Not applicable	Don't Know
External walls			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Roof covering			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chimney			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Windows			<input checked="" type="checkbox"/>	<input type="checkbox"/>
External doors			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ceilings	SMOOTH PAINTED	TO MATCH EXISTING	<input type="checkbox"/>	<input type="checkbox"/>
Internal walls	SMOOTH PAINTED	TO MATCH EXISTING PLASTERBOARD ON TIMBER STUD	<input type="checkbox"/>	<input type="checkbox"/>
Floors	TIMBER FLOORBOARDS. WITH VINYL FINISH	TO MATCH EXISTING	<input type="checkbox"/>	<input type="checkbox"/>
Internal doors	-GLAZED PANELED DOOR	-TIMBER PANELED DOOR	<input type="checkbox"/>	<input type="checkbox"/>
Rainwater goods			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard standing			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lighting			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Others (add description)			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

- 16181\_001

### 10. Demolition

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

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

a) Total demolition of the listed building:  Yes  No

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

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

If the answer to c) is Yes:

i) What is the total volume of the listed building?(cubic metres)	
ii) What is the volume of the part to be demolished?(cubic metres)	
iii) What was the (approximate) date of the erection of the part to be removed? (MM/YYYY) (date must be pre-application submission)	

Please provide a brief description of the building or part of the building you are proposing to demolish:

N.B. SINGLE WALL TO BE REMOVED.

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

TO ALLOW THE CREATION OF A NEW SHOWER ROOM.

### 11. Listed Building Alterations

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

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

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

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

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

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

If the answer to any of these questions is Yes, please provide plans, drawings, photographs sufficient to identify the location, extent and character of the items to be removed, and the proposal for their replacement, including any new means of structural support and state references for the plan(s)/drawing(s):

-16181-001

### 12. Listed Building Grading

Please state the grading (if known) of the building in the list of Buildings of Special Architectural or Historic interest? (Note: only one box must be ticked)

Grade I  Ecclesiastical Grade I

Grade II\*  Ecclesiastical Grade II\*

Grade II  Ecclesiastical Grade II

Don't know

### 13. Immunity From Listing

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

Yes  No  Don't know

If Yes, please provide the result of the application:

**14. Ownership Certificates**

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

**CERTIFICATE OF OWNERSHIP - CERTIFICATE A**

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

I certify/ The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner\* of any part of the land or building to which the application relates.

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

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY:



(ATP ARCHITECTS + SURVEYORS)

04/07/2016

**CERTIFICATE OF OWNERSHIP - CERTIFICATE B**

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

I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner\* of any part of the land or building to which this application relates.

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

Name of Owner	Address	Date Notice Served

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY:




**CERTIFICATE OF OWNERSHIP - CERTIFICATE C**

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

I certify/ The applicant certifies that:

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

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

The steps taken were:

Name of Owner	Address	Date Notice Served

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

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



Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY:

**14. Ownership Certificates (continued)**

**CERTIFICATE OF OWNERSHIP - CERTIFICATE D**

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

I certify/ The applicant certifies that:

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

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

The steps taken were:

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

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

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY:

**15. Planning Application Requirements - Checklist**

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.

The original and 3 copies of a completed and dated application form:

The original and 3 copies of a plan which identifies the land to which the application relates and drawn to an identified scale and showing the direction of North:

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:

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

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

**16. Declaration**

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant:

Or signed - Agent:

(ATP ARCHITECTS + SURVEYORS)

Date (DD/MM/YYYY):

04/07/2016

(date cannot be pre-application)

**17. Applicant Contact Details**

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

**18. Agent Contact Details**

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

**19. Site Visit**

Can the site be seen from a public road, public footpath, bridleway or other public land?  Yes  No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)  Agent  Applicant  Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address: