

Email: planning@camden.gov.uk Phone: 020 7974 4444 Fax: 020 7974 1680

#### Householder Application for Planning Permission for works or extension to a dwelling and listed building consent. 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. App  | I. Applicant Name, Address and Contact Details |                    |           |    |                |          |               |  |  |  |
|---|--|--------------------|-----------|----|----------------|----------|---------------|--|--|--|
| Title:  | Ms   | First Name:        | Ondine    |    |                | Surname: | de Rothschild |  |  |  |
| Compa   | iny name:                                      |                    |           |    |                |          |               |  |  |  |
| Street address:                                     |  | 53, Bedford Square | )         |    |                |          |               |  |  |  |
|   |  |                    |           |    | Telephone numb | ber:     |               |  |  |  |
|   |  |                    |           |    | Mobile number: |          |               |  |  |  |
| Town/City:  |  | LONDON             |           |    | Fax number:    |          |               |  |  |  |
| Country:  |  |                    |           |    | Email address: |          |               |  |  |  |
| Postco  | de:  | WC1B 3DP           |           |    |                |          |               |  |  |  |
| Are you an agent acting on behalf of the applicant? |  |                    | 🖲 Yes 🔘 N | lo |                |          |               |  |  |  |

| 2. Agent Name, Address and Contact Details |                      |                      |                |        |          |         |  |  |  |
|--|----------------------|----------------------|----------------|--------|----------|---------|--|--|--|
| Title: Mr                                  | First Name:          | Peter                |                | Surnam | e: [     | Inskip  |  |  |  |
| Company name:                              | Peter Inskip + Peter | r Jenkins Architects |                |        |          |         |  |  |  |
| Street address: 19-23 White Lion Street    |                      | treet                |                |        |          |         |  |  |  |
|  |                      |                      | Telephone numb | er: 02 | 2078     | 8334002 |  |  |  |
|  |                      |                      | Mobile number: | 07     | '941·    | 1448303 |  |  |  |
| Town/City:                                 | London               |                      | Fax number:    |        |          |         |  |  |  |
| Country:                                   |                      |                      | Email address: |        |          |         |  |  |  |
| Postcode: N1 9PD                           |                      | pinskip@inskip-j     | enkins.co      | .uk    | <u>x</u> |         |  |  |  |

| 3. Description of Proposed Works   |                                |
|--|--------------------------------|
| Please describe the proposed works:<br>Cleaning east facade to Bloomsbury Street and | d south facade to garden court |
| Has the work already been started without planning permission?                       | ◯ Yes ◉ No                     |

| 4. Site Addres                       | s De     | tails           |              |       |          |            |          |        |          |         |        |         |           |         |         |          |        |           |      |
|--------------------------------------|----------|-----------------|--------------|-------|----------|------------|----------|--------|----------|---------|--------|---------|-----------|---------|---------|----------|--------|-----------|------|
| Full postal addre                    | ss of tl | he site (incluc | ing full pos | code  | where    | availab    | le)      | Des    | scriptio | n:      |        |         |           |         |         |          |        |           |      |
| House:                               | 53       |                 | Suffix:      |       |          |            | ]        |        |          |         |        |         |           |         |         |          |        |           |      |
| House name:                          |          |                 |              |       |          |            | ]        |        |          |         |        |         |           |         |         |          |        |           |      |
| Street address:                      | Bedfo    | ord Square      |              |       |          |            | ]        |        |          |         |        |         |           |         |         |          |        |           |      |
|                                      |          |                 |              |       |          |            | ]        |        |          |         |        |         |           |         |         |          |        |           |      |
|                                      | [        |                 |              |       |          |            | ]        |        |          |         |        |         |           |         |         |          |        |           |      |
| Town/City:                           |          | DON             |              |       |          |            |          |        |          |         |        |         |           |         |         |          |        |           |      |
| Postcode:                            | WC1      | B 3DP           |              |       |          |            |          |        |          |         |        |         |           |         |         |          |        |           |      |
| Description of lo<br>(must be comple |          |                 |              |       |          |            |          |        |          |         |        |         |           |         |         |          |        |           |      |
| Easting:                             | 5299     | 23              |              |       |          |            | ]        |        |          |         |        |         |           |         |         |          |        |           |      |
| Northing:                            | 1816     | 33              |              |       |          |            | ]        |        |          |         |        |         |           |         |         |          |        |           |      |
|                                      |          |                 |              |       |          |            | _        |        |          |         |        |         |           |         |         |          |        |           |      |
| 5. Pre-applica                       | tion     | Advice          |              |       |          |            |          |        |          |         |        |         |           |         |         |          |        |           |      |
|                                      |          |                 |              |       |          |            |          |        |          |         |        |         |           |         |         |          |        |           |      |
| Has assistance of                    | or prior | advice been     | sought fron  | n the | local au | ithority a | about th | nis ap | plicatio | on?     |        |         | 🖲 Ye      | S ()    | No      |          |        |           |      |
| If Yes, please co                    | mplete   | e the following | informatio   | n abo | ut the a | dvice y    | ou were  | give   | n (this  | will he | lp the | authori | ty to dea | with th | nis app | olicatio | n more | efficient | ly): |
| Officer name:                        |          |                 |              |       |          |            |          |        |          |         |        |         |           |         |         |          |        |           |      |
| Title: Mrs                           |          | First name:     | Antor        | ia    |          |            |          |        |          |         | Surn   | ame:    | Powell    |         |         |          |        |           |      |
| Reference:                           |          |                 |              |       |          |            |          |        |          |         |        |         |           |         |         |          |        |           |      |
| Date (DD/MM/Y)                       | ′YY):    |                 | (Mu          | st be | pre-app  | lication   | submis   | sion)  |          |         |        |         |           |         |         |          |        |           |      |
| Details of the pre                   | -applic  | cation advice   | received:    |       |          |            |          |        |          |         |        |         |           |         |         |          |        |           |      |
| The cleaning of recommendation       | n of of  | ficers who co   |              |       |          |            |          |        |          |         |        |         |           |         |         |          |        |           | əlay |

# 6. Pedestrian and Vehicle Access, Roads and Rights of Way

| proposed to or from<br>the public highway? Ves No<br>proposed to or from the<br>public highway? | proposed to or from proposed to or f | ss<br>om the Q Yes 💿 No | creation of public rights of | Yes | No |  |
|--|--------------------------------------|-------------------------|------------------------------|-----|----|--|
|--|--------------------------------------|-------------------------|------------------------------|-----|----|--|

## 7. Trees and Hedges

| Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development? | Yes | N | lo |
|---|-----|---|----|
| Will any trees or hedges need to be removed or pruned in order to carry out your proposal?  | Yes | N | lo |

#### 8. Materials

No Material details were submitted for this application

| <ul> <li>9. Demolition</li> <li>Does the proposal include total or partial demolition of a listed building?</li> <li>Q Yes <ul> <li>No</li> </ul> <li>No</li> </li></ul>  |                                       |  |  |  |  |  |  |  |  |
|---|---------------------------------------|--|--|--|--|--|--|--|--|
|   |                                       |  |  |  |  |  |  |  |  |
| 10. Listed building alterations   |                                       |  |  |  |  |  |  |  |  |
| Do the proposed works include alterations to a listed building?   | 🔾 Yes 💿 No                            |  |  |  |  |  |  |  |  |
| 11. Listed Building Grading   |                                       |  |  |  |  |  |  |  |  |
| If known, what is the grading of the listed building (as stated in the list of Buildings of Special Architectural or Historical Interest)?  | know 💿 Grade I 💿 Grade II* 💿 Grade II |  |  |  |  |  |  |  |  |
| Is it an ecclesiastical building?   | know 🔾 Yes 💿 No                       |  |  |  |  |  |  |  |  |
| 12. Immunity from Listing   |                                       |  |  |  |  |  |  |  |  |
| Has a Certificate of Immunity from listing been sought in respect of this building?   |                                       |  |  |  |  |  |  |  |  |
| 13. Parking   |                                       |  |  |  |  |  |  |  |  |
| Will the proposed works affect existing car parking arrangements?   |                                       |  |  |  |  |  |  |  |  |
| 14. Authority Employee/Member   |                                       |  |  |  |  |  |  |  |  |
| 14. Authority Employee/Member         With respect to the Authority, I am:         (a) a member of staff         (b) an elected member       Do any of these statements apply to you?         (c) related to a member of staff         (d) related to an elected member   |                                       |  |  |  |  |  |  |  |  |
| 15. Site Visit  |                                       |  |  |  |  |  |  |  |  |
| <ul> <li>15. Site VISIT</li> <li>Can the site be seen from a public road, public footpath, bridleway or other public land?</li> <li>If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)</li> <li>The agent</li> <li>The applicant</li> <li>Other person</li> </ul>   |                                       |  |  |  |  |  |  |  |  |
| 46 Contification (Contification A)  |                                       |  |  |  |  |  |  |  |  |
| 16. Certificates (Certificate A) Certificate of Ownership - Certificate A Certificate under Article 14 - Town and Country Planning (Development Management Procedure) (England) Order 2015 & Regulation 6 - 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 (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of any part of the land to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding ("agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act). |                                       |  |  |  |  |  |  |  |  |
| Title: Mr First name: Peter   | Surname: Inskip                       |  |  |  |  |  |  |  |  |
| Person role: AGENT Declaration of   | date: 09/12/2016 Seclaration made     |  |  |  |  |  |  |  |  |

## 17. 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 | 1 | Date | 09/12/2016 |
| true and accurate and any opinions given are the genuine opinions of the person(s) giving them.               |   | Duit |            |