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

Application for prior notification of proposed development by telecommunications code system operators.

Town and Country Planning General Permitted Development Order 2015 Schedule 2, Part 16

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

Publication of applications on planning authority websites

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

Please complete using block capitals and black ink. It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

Applicant Name and Address		2. Agent Name and Address
Title:	First name:	Title: Mr. First name: PAUL
Last name:		Last name: O'NEILL
Company (optional):	MAXIMUS NETWORKS CTD	Company (optional): METRO POLIS PLANNING (DESILA)
Unit:	House number: House suffix:	Unit: House number: House suffix:
House name:		House name:
Address 1:	CIO AGENT	Address 1: 4 UNDERWOOD ROW
Address 2:		Address 2:
Address3:		Address 3:
Town:		Town: LONDON
County:		County:
Country:		Country: U.K
Postcode:		Postcode: N 1 7LQ

3. Site Address Details	4. Pre-application Advice				
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local				
Unit: House number: House suffix:	authority about this application?				
House PUBLIC HIGHWAY -	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1: 162 - 169 Shafiesbury	application more efficiently). Rease tick if the full contact details are not				
Address 2: AUENUE	known, and then complete as much as possible: Officer name:				
Address 3: Town: (OA 1800)	Опъстнане.				
County: Canbon	Peference:				
Postcode (1) (2) (4) % (4)					
(optional): Obscription of location or a grid reference. (must be completed if postcode is not known):	Date: (DD/MM/YYYY) (must be pre-application submission)				
Easting: 530037 Northing: 181206	Details of pre-application advice received?				
Description:					
5. Telecommunications Apparatus					
Please specify the type of apparatus to be installed or altered (e.g. c	all box mast):				
CALL BOX					
Please provide further details of the apparatus (e.g. height, size, colo	our, etc):				
PLENSE REFER TO HTTH GENESS	PLEMENTARY DOCUMENTATION				
- WAXIMUL NETWORKS CTD.	- TELEPHONE KICSE				
Are you replacing an existing installation?	☐ Yes ☐ No				
If Yes, please provide further details of the existing apparatus (e.g. h	neight, size, colour etc):				
3 41 (-3)					
	January Contraction and the Contraction of the Cont				
Are you submitting a declaration confirming that the apparatus is in full compliance with the requirements of the radio frequency (RF) public exposure guidelines of the					
International Commission on Non-Ionizing Padiation Protection (ICNIPP)? The emissions					
from all mobile phone network operators' equipment on the site must be taken into					
account when determining compliance.	Yes Hvo				
6. Supplementary Information	7. Neighbour and Community Consultation				
Are you also providing a completed Supplementary Information	Have you consulted your neighbours or				
Template (as set out in Appendix Eof the Code of Best Practice on	the local community about the proposal? Yes You				
Mobile Phone Network Development)?	If Yes, please provide details:				
Yes No					
	1 1 1				

\$Date::2015-05-19#\$ \$Fevision: 6174

8. Planning Application Requirements - Checklist				
8. 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 (LPA) has been submitted.				
The original and 3 copies* of a completed and dated prior notification for	orm: The correct fee:			
The original and 3 copies of the location plan to a scale not less than 12	2500:			
*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.				
9. 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:			
Date (DD/MM/YYYY):				
20.02.2017 (date cannot be pre-application)				
(Co · V C · W) ((uaic cannot be bic-application)	J			
10. Applicant Contact Details	11. Agent Contact Details			
Telephone numbers Extension	Telephone numbers Extension			
Country code: National number: number:	Country code: National number: Extension number:			
	0044 (1) 207324 2662			
Country code: Mobile number (optional):	Country code: Mobile number (optional):			
Country code: Fax number (optional):	Country code: Fax number (optional):			
Country code: Fax number (optional):	Country code: Fax number (optional):			
Email address (optional):	Email address (optional):			
12. Site Visit				
Can the site be seen from a public road, public footpath, bridleway or o	other public land? Yes No			
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Hease select only one)	Agent Applicant Other (if different from the agent/applicant's details)			
If Other has been selected, please provide:	agontrapphoeni o doctars,			
1 × 1 × 1	Telephone number:			
Email address:				