

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
Rese 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 darlification, please contact the Authority's planning department.

Resse 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: W. K. First name: A A U C		
Last name:		Last name: O'NEILL		
Company (optional): W	LAXI MUL WETWORKS LTD	Company (optional): METROPOLIS PLANNING.	l DESIG	
Unit:	House House suffix:	Unit: House number: House suffix:		
House name:		House name:		
Address 1:	10 AGENT	Address 1: 4 VNDERWOOD ROW		
Address 2:		Address 2:		
Address 3:		Address 3:		
Town:	1100	Town: (CONDON		
County:		County:		
Country:		Country: U, K		
Postcode:		Postcode: NI 7LQ		

3. Site Address Details		4. Pre-application Advice
	address of the application site	
Init: Hous		
	HIGH WAY	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
Address 1: EUSTO		application more efficiently). Hease tick if the full contact details are not
	SUT WARREL	
	+ STATION	Officer name:
Town: LOND		Reference:
County:	_ 20 N DO N	3
Postcode (optional): NWI3 Description of location or a (must be completed if post	arid reference.	Date: (DD/MM/YYYY) (must be pre-application submission)
Easting: 529251	Northing: 1822	8 → Details of pre-application advice received?
Description:		
Telecommunication	ns Apparatus	
Please specify the type of a	pparatus to be installed or alte	red (e.g. call box, mast);
CALC BO)×	
-1120		
	ils of the apparatus (e.g. height	
PLEASE RE	FER TO ATTA	CHED SUPPLEMENTARY DOCUMENTATION
- 'WAX IMU	NETWORKS	Ltd - TELEPHONE blosk
Are you replacing an existin	g installation?	☐ Yes ☑ No
If Yes, please provide further	or details of the existing appara	atus (e.g. height, size, colour etc):
	ration confirming that the apparation confirming that the apparation of the confirming that the apparation confirming the apparation confirming that the apparation confirming the apparation confirming the apparation confirming the apparation confirming that the apparation confirming the	aratus is in full compliance with
International Commission of	on Non-lonizing Radiation Prot-	ection (ICNIFP)? The emissions
from all mobile phone netv account when determining	vork operators' equipment on to compliance.	the site must be taken into ☐ Yes ☑ No
6. Supplementary Inf		7. Neighbour and Community Consultation
Template (as set out in App	mpleted Supplementary Informendix Eof the Code of Best Pra	
Mobile Phone Network Dev		If Yes, please provide details:
	Yes	Tho I les, prease provide details.

fease read the following checklist to make sure you have sent all the nformation required will result in your application being deemed invi he Local Planning Authority (LPA) has been submitted.			
he original and 3 copies* of a completed and dated prior notification	form:	The correct fee:	9
the original and 3 copies of the location plan to a scale not less than 1	2500:		
National legislation specifies that the applicant must provide the origonal of four copies), unless the application is submitted electronically PSA may also accept supporting documents in electronic forms by poor you can check your LPA's website for information or contact their plan	or, the LPA indicate the post (for example, on a	t a smaller number of copies is CD, DVD or USB memory stick).	uments (a required.
 Declaration (we hereby apply for planning permission/consent as described in the formation. I/we confirm that, to the best of my/our knowledge, any renuline opinions of the person(s) giving them. 	is form and the accomp facts stated are true an	anying plans/drawings and add accurate and any opinions giv	ditional en are the
Signed - Applicant:	Or sig		
Date (DD/MM/YYYY):	_		
20 . 0 2 · 20 17 (date cannot be pre-application)			
Applicant Contact Details	11. Agent Conta	rt Details	
Telephone numbers	Telephone numbers		
Country code: National number: Extension number:		onal number:	Extension
-		207324 2662	number:
Country code: Mobile number (optional):		pile number (optional):]]
Country code: Fax number (optional):	Country code: Fax	number (optional):	7
	Email address (option	nal):	
Email address (optional):			
12. Site Visit			
12. Site Visit Zen the site be seen from a public road, public footpath, bridleway or If the planning authority needs to make an appointment to carry	r other public land?		erent from th
12. Site Visit Sen the site be seen from a public road, public footpath, bridleway or		Applicant Other (if diff	erent from th

SDate 2015-05-19 #5 SPavision -5174 S