

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 darification, please contact the Authority's planning department.

Rease 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.

| 1. Applic | ant Name and Address | 2. Agent Name and Address |
|------------------------|----------------------|---|
| Title: | First name: | Title: M.K. First name: PAUL |
| Last name: | | Last name: ○ 1 N ∈ (L C |
| Company (optional): | MAXIMUS NETWORKS CTD | Company (optional): METRO POLIS PLANNUF! DESIG. |
| Unit: | House House suffix: | Unit: House House suffix: |
| House name: | | House name: |
| Address 1: | (10 AGENT | Address 1: 4 UND E RWOOD ROW |
| Address 2: | | Address 2: |
| Address 3: | | Address3: |
| Town: | | Town: LON DON |
| County: | | County: |
| Country: | | Country: U.K |
| Postcode: | | Postcode: NI 74Q |

| 3. Site Address De | | | 4. Pre-application Advice |
|---|---|----------------------------|--|
| , | postal address of the app House | dication site. | Has assistance or prior advice been sought from the local authority about this application? |
| mit: | number: | suffix: | |
| louse PUB2 | IC HIGHWA | 47 | If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this |
| ddress 1: IOL E | USTON ROA | 0.4 | application more efficiently). Rease tick if the full contact details are not |
| ddress 2: | | | known, and then complete as much as possible: |
| ddress 3: | | | Officer name: |
| | | | |
| 10010 | | | Peference: |
| 100 | 00N | | |
| optional): N W 1 | 2RA | | Date: (DD/MM/YYYY) |
| Description of location must be completed if | or a grid reference. postcode is not known): | | (must be pre-application submission) |
| asting: 5299 | g 7 Northing: | 182724 | Details of pre-application advice received? |
| Description: | | | |
| | | | |
| | | - 11 | |
| | | | |
| Tologommunio | ations Apparatus | | |
| | | | |
| tease specify the type | e of apparatus to be insta | illed or aftered (e.g. cal | II box, mast): |
| CALL BO | × | | |
| | | | |
| | | | |
| Rease provide further | r details of the apparatus | (e.g. height, size, colou | ur, etc): |
| | | | SUPPLENTARY DOCUMENTATION |
| | | | LETELHONE KIOSK |
| re you replacing an e | wisting installation? | | □ Yes ▼No |
| | further details of the exis | ting apparatus (e.g. he | |
| rea, preaae provide | TUITTIEI UELAISOI TIIE EXIS | ing apparatus (e.g. ne | sgrit, aza, colour etc). |
| | | | |
| | | | |
| | 4 2 20 70 70 70 | | |
| | declaration confirming the ne radio frequency (RF) p | | |
| nternational Commis | sion on Non-Ionizing Flac | diation Protection (ICN | IIP)? The emissions |
| from all mobile phone | network operators equ | ipment on the site mu | st be taken into |
| EUUUIII WIIEN DETERM | шину соттриался. | | □ 100 P.1/0 |
| 6. Supplementar | y Information | | 7. Neighbour and Community Consultation |
| | a completed Suppleme | | Have you consulted your neighbours or |
| emplate (as set out in Mobile Phone Networ | Appendix Eof the Code | of Best Practice on | the local community about the proposal? Yes No |
| noune Prione Net Wor | k Development) / | | If Yes, please provide details: |
| | | Yes 150 | |
| | | | |
| | | 1 | |
| | | | |
| | | | \$Date: 2015 05 19 #\$ \$Perinjon 6174 \$ |

| 8. Planning Application Requirements - Checklist | | | |
|---|---|---|---------------------------|
| Rease "read the following checklist to make sure you have sent all i information required will result in your application being deemed the Local Planning Authority (LPA) has been submitted. | | | |
| The original and 3 copies* of a completed and dated prior notifical | tion form: | The correct fee: | |
| The original and 3 copies of the location plan to a scale not less that | an 12500: | | |
| *National legislation specifies that the applicant must provide the total of four copies), unless the application is submitted electronic LPAs may also accept supporting documents in electronic format You can check your LPA's website for information or contact their | ally or, the LPA indicate by post (for example, on | that a smaller number of copies is a CD, DVD or USB memory stick). | s required. |
| Declaration We hereby apply for planning permission/consent as described information. We confirm that, to the best of my/our knowledge, a genuine opinions of the person(s) giving them. | n this form and the acco | mpanying plans/drawings and ac and accurate and any opinions gi | dditional iven are the |
| Signed - Applicant: | Orgianod Apont: | | |
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| Deta /DDAM/20000 | | | |
| Date (DD/MM/YYYY): | | | |
| Date (DD/MM/YYYY): 2 · · · · Z · · 2 o 17 (date cannot be pre-application) | | | |
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| (date cannot be pre-application) 10. Applicant Contact Details Telephone numbers Extension | Telephone number | rs | Extension |
| 10. Applicant Contact Details Telephone numbers | Telephone number | ers National number: | number: |
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| (date cannot be pre-application) 10. Applicant Contact Details Telephone numbers Extension | Telephone number Country code: | ers National number: | number: |
| 2 | Telephone number Country code: N Country code: N | ns National number: (0) 207324 2663 Mobile number (optional): | number: |
| 2 o ° 0 Z · 2 o 17 (date cannot be pre-application) 10. Applicant Contact Details Telephone numbers Country code: National number: Betension number: | Telephone number Country code: N Country code: N | ns lational number: (0) 207324 2663 | number: |
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