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Application for Planning Permission. 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. Applicant Na | ame, Address ai | nd Contact Details | | | |
|--------------------|------------------------|--------------------|----------------|----------|----------|
| Title: Mr | First Name: | Brendan | | Surname: | Robinson |
| Company name: | | | | | |
| Street address: | 11 | | | | |
| | Belsize Terrace | | Telephone numb | er: | |
| | | | Mobile number: | | |
| Town/City: | LONDON | | Fax number: | | |
| Country: | | | Email address: | | |
| Postcode: | NW3 4AX | | | | |
| Are you an agent a | acting on behalf of th | ne applicant? | 🔵 Yes 💿 N | lo | |

2. Agent Name, Address and Contact Details

No Agent details were submitted for this application

3. Description of the Proposal

| Please describe the proposed | development including | any | change of | use: |
|------------------------------|-----------------------|-----|-----------|------|
|------------------------------|-----------------------|-----|-----------|------|

Village Vet is applying for retroactive planning permission in relation to the upgrade of an air conditioning system which cools the reception area of the Veterinary Practice. The new system was installed in March 2016 at the request of our landlord, a Mr Ron Aslan of 67A Chetwynd Road, London, NW5 1BX, after extensive requests on his part to rectify a longstanding noise complaint he raised in relation to the original system. The new system has its external condenser wall mounted to the rear of the property. An acoustic noise report has been actioned with the author thereof recommending that an acoustic enclosure is introduced to reduce the operating noise further. This acoustic enclosure is being designed by our airconditioning supplier and will be installed upon confirmation by the Council of this planning application being approved. If Yes, please state the date when the 15/03/2016 Has the building, work or change of use already started? Yes No building, work, or use started: If Yes, please state the date when the Has the building, work or change of use been completed? building, work, or change of use was 15/03/2016 ۲ Yes \bigcirc No completed:

4. Site Address Details

| Full postal addre | ss of the site (including | full postcode where availab | ble) Description: | | | | |
|--|--|--|--------------------------------|-----------------|----------|--------------------|-------------------------|
| House: | | Suffix: | | | | | |
| House name: | 65-67 | | | | | | |
| Street address: | Chetwynd Road | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Town/City: | LONDON | | | | | | |
| Postcode: | NW5 1BX | | | | | | |
| | cation or a grid referent eted if postcode is not k | | | | | | |
| Easting: | 528793 | | | | | | |
| Northing: | 186012 | | | | | | |
| | | | | | | | |
| If Yes, please co | | ught from the local authority formation about the advice y | | help the author | | No this applica | |
| Officer name: | | | | | | | tion more efficiently): |
| Officer name: Title: Mr | First name: | John | | Surname: | Nicholls | | tion more efficiently): |
| | First name: | John | | Surname: | Nicholls | | tion more efficiently): |
| Title: Mr | | John (Must be pre-application | n submission) | Surname: | Nicholls | | tion more efficiently): |
| Title: Mr Reference: Date (DD/MM/Y) | | (Must be pre-application | n submission) | Surname: | Nicholls | | tion more efficiently): |
| Title: Mr Reference: Date (DD/MM/Y) Details of the pre | (YY): 05/06/2017 | (Must be pre-application | | Surname: | Nicholls | | tion more efficiently): |
| Title: Mr Reference: Date (DD/MM/Y) Details of the pre | (YY): 05/06/2017 | (Must be pre-application | | Surname: | Nicholls | | tion more efficiently): |
| Title: Mr Reference: Date (DD/MM/Y) Details of the pre Advice on the ty | (YY): 05/06/2017 e-application advice rec pe and scope of drawin | (Must be pre-application | plication. | Surname: | Nicholls | | tion more efficiently): |
| Title: Mr Reference: Date (DD/MM/Y) Details of the pre Advice on the ty 6. Pedestrian | (YY): 05/06/2017 e-application advice rec pe and scope of drawin and Vehicle Acces | (Must be pre-application eived: ngs to be submitted with app | olication. | Surname: | Nicholls | Q Yes | No |
| Title: Mr Reference: Date (DD/MM/Y) Details of the pre Advice on the ty 6. Pedestrian | ATYY): 05/06/2017 -application advice rec pe and scope of drawin and Vehicle Acces ed vehicle access propo | (Must be pre-application eived: ngs to be submitted with app ss, Roads and Rights | olication. of Way ghway? | Surname: | Nicholls | | |

1

Do the proposals require any diversions/extinguishments and/or creation of rights of way?

Are there any new public rights of way to be provided within or adjacent to the site?

7. Waste Storage and Collection Do the plans incorporate areas to store and aid the collection of waste? Wes earrangements been made for the separate storage and collection of recyclable waste? Yes No

Yes

Yes

No

No

| 8. Authority Employee/Member | | | | | |
|--|---------------------------------|--------------------------|---------------------|--------------|---------------------|
| With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff (d) related to an elected member | Do any of these s | tatements apply to yo | ou? | O Yes | No |
| 9. Materials | | | | | |
| 3. Materials | | | | | |
| No Material details were submitted for this applic | ation | | | | |
| 10. Vehicle Parking | | | | | |
| No Vehicle Parking details were submitted for th | s application | | | | |
| 11. Foul Sewage | | | | | |
| | | | | | |
| Please state how foul sewage is to be disposed | of: | | | | |
| Mains sewer 🗹 Pac | kage treatment plant | | Unknown | | |
| Septic tank Ces | s pit | | Other | | |
| Are you proposing to connect to the existing dra | inage system? | 🔍 Yes 💿 No (| Unknown | | |
| | | | | | |
| 12. Assessment of Flood Risk | | | | | |
| Is the site within an area at risk of flooding? (Re flood zones 2 and 3 and consult Environment Ag requirements for information as necessary.) | | | | O Yes | i 💿 No |
| If Yes, you will need to submit an appropriate flo | od risk assessment to conside | er the risk to the propo | osed site. | | |
| Is your proposal within 20 metres of a watercour | se (e.g. river, stream or beck) | ? | | Yes | e 💿 No |
| Will the proposal increase the flood risk elsewhe | re? | | | Yes | s 💿 No |
| How will surface water be disposed of? | | | | | |
| Sustainable drainage system | Main sewer | | Pond/lake | | |
| Soakaway | Existing watercourse | | | | |
| | | | | | |
| 13. Biodiversity and Geological Conse | ervation | | | | |
| To assist in answering the following questions re important biodiversity or geological conservatior | | | | | |
| Having referred to the guidance notes, is there a application site, OR on land adjacent to or near | | ollowing being affecte | ed adversely or con | served and e | enhanced within the |
| a) Protected and priority species | | | | | |
| Yes, on the development site | Yes, on land | adjacent to or near th | e proposed develop | pment | No |
| b) Designated sites, important habitats or other | piodiversity features | | | | |
| Yes, on the development site | - | adjacent to or near th | e proposed develo | pment | No |
| c) Features of geological conservation importan | ce | | | | |
| | | | | | |

13. Biodiversity and Geological Conservation

Yes, on the development site

Yes, on land adjacent to or near the proposed development

No

14. Existing Use

| Please describe the current use of the site: | | | | |
|---|------------|-----|---|----|
| The premises is utilised as a small animal Veterinary Practice. | | | | |
| Is the site currently vacant? | \bigcirc | Yes | ۲ | No |
| Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination assessment with your application. | | | | |
| Land which is known to be contaminated? | \bigcirc | Yes | ۲ | No |
| Land where contamination is suspected for all or part of the site? | \bigcirc | Yes | ۲ | No |
| A proposed use that would be particularly vulnerable to the presence of contamination? | Q | Yes | ۲ | No |

15. Trees and Hedges

| Are there trees or hedges on the proposed development site? | \bigcirc | Yes | ۲ | No |
|---|------------|-----|---|----|
| And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? | \bigcirc | Yes | ۲ | No |

If Yes to either or both of the above, you <u>may</u> need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.

16. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste?

17. Residential Units

Does your proposal include the gain or loss of residential units?

| Market Housing - Proposed | | | | | | | | |
|---------------------------|---|--------------------|---|----|---------|--|--|--|
| | | Number of bedrooms | | | | | | |
| | 1 | 2 | 3 | 4+ | Unknown | | | |
| Bedsits/Studios | | | | İ | | | | |
| Cluster Flats | | | | | | | | |
| Flats/Maisonettes | | | | İ | | | | |
| Houses | | | | | | | | |
| Live-Work Units | | | | İ | | | | |
| Sheltered Housing | | | | | 1 | | | |
| Unknown | | | | | | | | |

Proposed Market Housing Total

| Social Rented Housing - Proposed | | | | | | | | |
|----------------------------------|--------------------|---|---|----|---------|--|--|--|
| | Number of bedrooms | | | | | | | |
| | 1 | 2 | 3 | 4+ | Unknown | | | |
| Bedsits/Studios | | | | | | | | |
| Cluster Flats | | | | | | | | |
| Flats/Maisonettes | | | | | | | | |

 Market Housing - Existing

 Number of bedrooms

 1
 2
 3
 4+
 Unknown

 Bedsits/Studios
 1
 2
 3
 4+
 Unknown

 Bedsits/Studios
 1
 2
 3
 4+
 Unknown

 Bedsits/Studios
 1
 2
 3
 4+
 Unknown

 Bedsits/Studios
 1
 2
 3
 4+
 Unknown

 Bedsits/Studios
 1
 2
 3
 4+
 Unknown

 Bedsits/Studios
 1
 2
 3
 4+
 Unknown

 Intervention
 1
 2
 3
 4+
 Unknown

Existing Market Housing Total

| Social Rented Housing - Existing | | | | | | | | |
|----------------------------------|---|-----|-----------|--------|---------|--|--|--|
| | | Num | ber of be | drooms | | | | |
| | 1 | 2 | 3 | 4+ | Unknown | | | |
| Bedsits/Studios | | | | | | | | |
| Cluster Flats | | | | | | | | |
| Flats/Maisonettes | | | | | | | | |

🔾 Yes 💿 No

🔾 Yes 💿 No

17. Residential Units

| | Number of bedrooms | | | | | |
|-------------------|--------------------|---|---|----|---------|--|
| | 1 | 2 | 3 | 4+ | Unknown | |
| Houses | | | | | | |
| Live-Work Units | | | | | | |
| Sheltered Housing | | | | | | |
| Unknown | | | | | 1 | |

| Intermediate Housing - Proposed | | | | | | | | |
|---------------------------------|--------------------|---|---|----|---------|--|--|--|
| | Number of bedrooms | | | | | | | |
| | 1 | 2 | 3 | 4+ | Unknown | | | |
| Bedsits/Studios | | | | | | | | |
| Cluster Flats | | | | | | | | |
| Flats/Maisonettes | | | | | | | | |
| Houses | | | | | | | | |
| Live-Work Units | | | | | | | | |
| Sheltered Housing | | | | | | | | |
| Unknown | | | | | | | | |

Proposed Intermediate Housing Total

| | Number of bedrooms | | | | | |
|-------------------|--------------------|---|---|----|---------|--|
| | 1 | 2 | 3 | 4+ | Unknown | |
| Bedsits/Studios | | | | | | |
| Cluster Flats | | | | | | |
| Flats/Maisonettes | | | | | | |
| Houses | | | | | | |
| Live-Work Units | | | | | | |
| Sheltered Housing | | | | | | |
| Unknown | | | | | | |

| Social Rented Housing - Existing | | | | | | | |
|----------------------------------|--------------------|---|---|----|---------|--|--|
| | Number of bedrooms | | | | | | |
| | 1 | 2 | 3 | 4+ | Unknown | | |
| Houses | | | | | | | |
| Live-Work Units | | | | | | | |
| Sheltered Housing | | | | | | | |
| Unknown | | | | | | | |
| Existing Social Housing Total | | | | | ·: | | |

| Intermediate Housing - Existing | | | | | | | | |
|---------------------------------|---|--------------------|---|----|---------|--|--|--|
| | | Number of bedrooms | | | | | | |
| | 1 | 2 | 3 | 4+ | Unknown | | | |
| Bedsits/Studios | | | | | | | | |
| Cluster Flats | | | | | | | | |
| Flats/Maisonettes | | | | | | | | |
| Houses | | | | | | | | |
| Live-Work Units | | | | | | | | |
| Sheltered Housing | | | | | 1 | | | |
| Unknown | | | | | | | | |

Existing Intermediate Housing Total

| Key Worker Housing - E | Existing | | | | | | | |
|------------------------|----------|--------------------|---|----|---------|--|--|--|
| | | Number of bedrooms | | | | | | |
| | 1 | 2 | 3 | 4+ | Unknown | | | |
| Bedsits/Studios | | | | | | | | |
| Cluster Flats | | | | İ | | | | |
| Flats/Maisonettes | | | | | | | | |
| Houses | | | | | | | | |
| Live-Work Units | | | | | | | | |
| Sheltered Housing | | | | | | | | |
| Unknown | | | i | 1 | | | | |

Existing Key Worker Housing Total

18. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace?

🔾 Yes 💿 No

19. Employment

No Employment details were submitted for this application

| 20. Hours of | f Opening | | | | | | |
|-----------------|---|----------|----------|---|-----------------------------|--------------------------|-----------|
| If known, pleas | se state the hours of Monday t Start Time | 1 0 0 | í | ential use proposed: urday End Time | Sunday and Ba Start Time | ank Holidays End Time | Not Known |
| Other | 08:30:00 | 07:00:00 | 10:00:00 | 01:00:00 | | | |

| 21. Site Area | | | | | | |
|---|-----------------------------|---|-----------------------|-----------------------------|--------------------------|------------|
| What is the site area? | 121.00 | sq.metres | | | | |
| 22. Industrial or Comme | ercial Processes a | and Machinery | | | | |
| Please describe the activities Please include the type of ma | | would be carried out on the site installed on site: | and the end produ | icts including plant, ven | tilation or air conditio | ning. |
| Veterinary Treatment of small conditioning for staff, patient | | aste (clinical, offensive etc) han | dled and disposed | as per Environment Ag | gency regulations. Ai | r |
| Is the proposal for a waste ma | | | Yes 💿 No | | | |
| If this is a landfill application y make clear what information i | | e further information before your e. | application can be | e determined. Your was | te planning authority | should |
| 23. Hazardous Substan | ces | | | | | |
| Is any hazardous waste involv | red in the proposal? | | Yes 💿 No | | | |
| | | 9 | | | | |
| A. Toxic substances | | | | Amount I | neld on site | Tonne(s) |
| | | | | | | |
| B. Highly reactive/explosive | e substances | | | Amount I | neld on site | Tonne(s) |
| | | | | | | |
| C. Flammable substances (| unless specifically n | amed in parts A and B) | | Amount I | neld on site | 1 |
| | | | | | |] Tonne(s) |
| 24. Site Visit | | | | | | |
| Can the site he seen from a n | ublic road, public footr | oath, bridleway or other public la | nd? | 🖲 Yes 🔾 No | | |
| | | ent to carry out a site visit, who | | | y one) | |
| The agent I The a | applicant 🕥 Oth | ner person | | | | |
| | | | | | | |
| 25. Certificates (Certific | ate A) | | | | | |
| Town ar | nd Country Planning (De | Certificate of Ownership evelopment Management Procedu | | r 2015 Certificate under | Article 14 | |
| freehold interest or leasehold inte | erest with at least 7 years | ore the date of this application nobo left to run) of any part of the land to holding" has the meaning given by | which the application | n relates, and that none of | the land to which the a | pplication |
| Title: Mr First nar | ne: Brendan | | Surname: | Robinson | | |
| Person role: | APPLICANT | Declaration dat | e: 07/0 |)7/2017 | Declaration r | nade |
| 26. Declaration | | | | | | |
| drawings and additional inform | nation. I/we confirm the | as described in this form and the at, to the best of my/our knowle nuine opinions of the person(s) | dge, any facts state | | 07/07/2017 | |
| | | | | | | |