

Email: pla

planning@camden.gov.uk

Phone: Fax:

020 7974 4444 020 7974 1680 Development Management Camden Town Hall Extension Argyle Street London WC1H 8EQ

## Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning Act 1990

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: MR First name: PH/LIP	Title: MR First name: RICHARD
Last name: MORRIS	Last name: WEBB
Company (optional):	Company (optional): WEBB ARCHITECTS LIMITED
Unit: House number: 10 House suffix:	Unit: B House number: 7 House suffix:
House name:	House name:
Address 1: OLD BREWERY MEWS	Address 1: WELLINGTON ROAD
Address 2:	Address 2:
Address3:	Address 3:
Town: LONDON	Town: LONDON
County:	County:
Country: UNITED KINGDOM	Country: UNITED KINGDOM
Postcode: NW3 1PZ	Postcode: NWO SLJ
3. Description of Proposed Works  Please describe the proposed works:  • EXECTION OF FIRST FLOOR EXTENSION TO REAR ELEVATION OF EXISTING HOUSE.  • EXTENSION AT ROOF LEVEL TO CREATE IMPROVED HEIGHT TO THE MESTANINE FLOOR INVOLVING THE RAISING OF THE ROOF RIDGE AND INSTALLATION OF TWO WINDOWS AT FRONT AND REAR AND ONE ROOFFLIGHT AT REAR.  • REFLACEMENT OF EXISTING ALUMINIUM WINDOWS AND DOOR WITH DOVBLE GLAZED ALUMINIUM WINDOWS AND DOOR.	

3. Description of Proposed Works (continued)	
Has the work already started?	
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)
Has the work already been completed?	
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way
Please provide the full postal address of the application site.	Is a new or altered vehicle access
Unit: House number: 10 House suffix:	proposed to or from the public highway? Yes V No Is a new or altered pedestrian access
House name:	proposed to or from the public highway? Yes No  Do the proposals require any diversions,
Address 1: OLD BREWERY MEWS	extinguishments and/or creation of public rights of way?
Address2:	If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/
Address3:	drawing(s):
Town: LONDON	
County: 6	
Postcode (optional): NW3 1P2	
6. Pre-application Advice	7. Trees and Hedges
Alas assistance or prior advice been sought from the local authority about this application?  If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).  Please tick if the full contact details are not known, and then complete as much possible:  Officer name:  Peference:  Date (DD MM YYYY):  (must be pre-application submission)  Details of the pre-application advice received:	Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development?  If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:  Will any trees or hedges need to be removed or pruned in order to carry out your proposal?  If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s)/ drawing(s) and indicate the scale.
8. Parking Will the proposed works affect existing car parking arrangements?  Yes No If Yes, please describe:	9. 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 If Yes, please provide details of the name, relationship and role

10. Materials If applicable, please sta	te what materials are to be used externally. Include	e type, colour and name for each material:		
	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	LONDON STOCK BRICKWORK	LONDON STOCK BRICKWORK MATCHING THE EXISTING		
Poof	SLATE TILES	SLATE TILES MATCHING THE EXISTING		
Windows	ALUMINIUM-FRAMED WINDOWS	ALUMINIUM-FRAMED DOUBLE-GLAZED WINDOWS MATCHING EXISTING		
Doors	REAR; ALUMINIUM-FRAMED AND GLAZED MAIN DOOR; WOOD	REAR : ALUMINIUM FRAMED DOUBLE GLASED MAIN DOOR NOT TO BE REPLACED		
Boundary treatments (e.g. fences, walls)			Ø	
Vehicle access and hard-standing			Ø	
Lighting		9 9 9	d	
Others (please specify)				
If Yes, please state refe	I itional information on submitted plan(s)/drawing(s) rences for the plan(s)/drawing(s)/design and access SESS STATE MENT, DRAWINGS ATT, 2206-03-01/2206-01-12/2206-01	statement: ACHED .2206-01-02 / 2206-01-03/	2206	No No

1. Ownership Certificates and	Agricultural Land Declaration		
One Certificate A, B, C, or D, must be completed with this application form CERTIFICATE OF OWNERSHIP - CERTIFICATE A			
Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or spart of, an agricultural holding**			
IOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the pplication relates but the land is, or is part of, an agricultural holding.			
" "owner" isa person with a freehold intere * "agricultural holding" hasthe meaning g	st or leasehold interest with at least 7 years left to run. given by reference to the definition of "agricultural tenant" in section 65(8) of t	he Act.	
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):	
l certify/ The applicant certifies that I ha 21 days before the date of this application in pplication relates. "owner" is a person with a freehold intere	CERTIFICATE OF OWNERSHIP - CERTIFICATE B velopment Management Procedure) (England) Order 2015 Certificate ve/the applicant has given the requisite notice to everyone else (as listed on, was the owner* and/or agricultural tenant** of any part of the land of st or leasehold interest with at least 7 years left to run. iven in section 65(8) of the Town and Country Planning Act 1990	below) who, on the day	
Name of Owner / Agricultural Tenant	Address	Date Notice Served	
DAVID AARONS	46, WILLOUGHBY ROAD, NW3 1RU, LONDON	16/11/2017	
	4		
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):	
		16/11/2017	

12. Planning Application Requirements - Checklist	
Please read the following checklist to make sure you have sent all the information required will result in your application being deemed in the Local Planning Authority (LPA) has been submitted.	
The original and 3 copies* of a  The original and 3 copies* of a  Completed and dated application form:  The original and 3 copies* of a  Completed and dated application form:	
completed and dated application form:  The original and 3 copies* of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North:  The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:	I within a The original and 3 copies* of the completed, dated Ownership
*National legislation specifies that the applicant must provide the or total of four copies), unless the application is submitted electronically LPAs may also accept supporting documents in electronic format by You can check your LPA's website for information or contact their pla	post (for example, on a CD, DVD or USB memory stick).
13. Declaration	
I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.	he accompanying plans/drawings and additional are true and accurate and any opinions given are the
Signed - Applicant: Or signed - Agent	Date (DD/MM/YYYY):
	17/11/2017 (date cannot be pre-application)
The second secon	
14 Applicant Contact Details	nt Contact Details
14. Applicant Contact Details	nt Contact Details
Telephone numbers	Telephone numbers
Telephone numbers Extension	Telephone numbers Extension
Telephone numbers Extension	Telephone numbers  Country code: National number: Extension number:
Telephone numbers  Country code: National number: Extension number: number:	Telephone numbers  Country code: National number: Extension number:  + 44    O20 8 968 0279
Telephone numbers  Country code: National number: Extension number: number:	Telephone numbers  Country code: National number: Extension number:  + 44    O20 8 968 0279
Telephone numbers  Country code: National number: Extension number:  Country code: Mobile number (optional):	Telephone numbers  Country code: National number:  + 44  Country code: Mobile number (optional):  Extension number:  Country code: Mobile number (optional):
Telephone numbers  Country code: National number: Extension number:  Country code: Mobile number (optional):	Telephone numbers  Country code: National number: Extension number:  + 44
Telephone numbers  Country code:  National number:  Country code:  Mobile number (optional):  Country code:  Fax number (optional):	Telephone numbers  Country code: National number: Extension number:  + 44  Country code: Mobile number (optional):  Country code: Fax number (optional):
Telephone numbers  Country code:  National number:  Country code:  Mobile number (optional):  Country code:  Fax number (optional):  Email address (optional):	Telephone numbers  Country code: National number: Extension number:  + 44
Telephone numbers  Country code: National number: Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):	Telephone numbers  Country code: National number: number:
Telephone numbers  Country code: National number: Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  Email address (optional):  The planning authority needs to make an appointment to carry	Telephone numbers  Country code: National number: number:
Telephone numbers  Country code: National number: Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  Email address (optional):  The planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Hease select only one)	Telephone numbers  Country code: National number: number:
Telephone numbers  Country code: National number: Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  Email address (optional):  The planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Hease select only one)  If Other has been selected, please provide:	Telephone numbers  Country code: National number: number:
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