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

Application for Planning Permission. 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.

1. Applicant Name and Address	2. Agent Name and Address
Title: M(2) First name: N	Title: MR First name: LLWS
Last name: 3 MARCON	Last name: JUNES
Company (optional):	Company (optional): LNJ PLANNING LTD
Unit: House number: 1944 - 146 Suffix:	Unit: House House
House name:	House OC DAY OF THE SUffix:
Address 1: FINCHLEN RD	name: $PEN-M-NNN$ Address 1: $QEDQQNA$, QD
Address 2:	1 5 13 12 0 0 K 1 5 1 5
Address 3:	Address 2: NEWPORT
	Address 3:
Town: LONDON	Town:
County:	County:
Country:	Country:
Postcode: NW3 6BX	Postcode: NP20 SAB
Description of the Proposal Please describe the proposed development, including any change of	
CHANGE OF USE FROM TI	NO FLATS TO FINE
FLATS	
Has the building, work or change of use already started?	Yes No
If Yes, please state the date when building, work or use were started (DD/MM/YYYY):	2005 (date must be pre-application submission)
las the building, work or change of use been completed?	Yes No
f Yes, please state the date when the building, work	(date must be pre-application submission)

4. Site Address Details	5. 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: 3 6 House suffix:	authority about this application?				
House name: WYAOCYSONSON	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1: NANCISSUS ROAD	application more efficiently).				
Address 2:	Please tick if the full contact details are not known, and then complete as much as possible:				
Address 3:	Officer name:				
Town: Landon					
County:	Reference:				
Postcode (optional): WW LITH					
(optional): Description of location or a grid reference.	Date (DD/MM/YYYY):				
(must be completed if postcode is not known):	(must be pre-application submission)				
Easting: Northing:	Details of pre-application advice received?				
Description:					
6. Pedestrian and Vehicle Access, Roads and Rights of Way	7. Waste Storage and Collection				
Is a new or altered vehicle access proposed	Do the plans incorporate areas to store				
to or from the public highway?	and aid the collection of waste?				
Is a new or altered pedestrian	If Yes, please provide details:				
access proposed to or from the public highway?					
	AS EXISTING				
Are there any new public roads to be provided within the site?					
Are there any new public					
rights of way to be provided					
within or adjacent to the site?					
Do the proposals require any diversions /extinguishments and/or	Have arrangements been made				
creation of rights of way?	for the separate storage and collection of recyclable waste?				
If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan	If Yes, please provide details:				
(s)/drawings(s)	N = 5 × 0 × 5				
	A) EXISTING				
8. Authority Employee / Member					
With respect to the Authority, I am: (a) a member of staff	Do any of these statements apply to you? Yes No				
(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					

applicable, please sta		be used extern	iany. menude	e type, colour and name for e	aon material.	<u>e</u>		
	Existing (where applicable)			Proposed		Not applicable	Don't Know	
Walls						Ø		
Roof						d		
Windows			¥			d		
Doors						d		
Boundary treatments (e.g. fences, walls)						6		
Vehicle access and hard-standing		3				6		
Lighting						6		
Others (please specify)						6		
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Yes No If Yes, please state references for the plan(s)/drawing(s)/design and access statement:								
DE2/CW	+ ACCES	7A76	EWEN					
0. Vehicle Parkir	20							
	ormation on the existin	g and proposed	number of o	n-site parking spaces:				
Type of Vehic	cle	Total Existing	Tota	al proposed (including spaces retained)	Difference in space			
Cars								
Light goods veh public carrier ve	nicles/ hicles							
Motorcycles								
Disability spaces								
Cycle space	es							
Other (e.g. B	us)							
Other (e.g. B	us)							

11. Foul Sewage	(12 Assessment of Florit
Please state how foul sewage is to be disposed of:	12. Assessment of Flood Risk
Main annua	Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and
	consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)
Septic tank Other	Yes No
Package treatment plant	If Yes, you will need to submit a Flood Risk Assessment to consider
Are you proposing to	the risk to the proposed site.
connect to the existing drainage system? Yes No	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?
If yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):	Will the proposal increase the flood risk elsewhere?
	How will surface water be disposed of?
AS EXISTING	Sustainable drainage system Existing watercourse
	Soakaway Pond/lake
	Main sewer
(42 Biodinanthan 10 1	
13. Biodiversity and Geological Conservation	14. Existing Use
To assist in answering the following questions refer to the guidance	Please describe the current use of the site:
notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.	RESIDENTIAL
Having referred to the guidance notes, is there a reasonable	
likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to	Is the site currently vacant? Yes No If Yes, please describe the last use of the site:
or near the application site?	in res, please describe the last use of the site:
a) Protected and priority species:	
Yes, on the development site	
Yes, on land adjacent to or near the proposed development	When did this was and ((f)
b) Designated sites, important habitats or other biodiversity features:	When did this use end (if known)? DD/MM/YYYY (date where known may be approximate)
Yes, on the development site	Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination
Yes, on land adjacent to or near the proposed development	assessment with your application.
☑ No	Land which is known to be contaminated? Yes No
c) Features of geological conservation importance:	Land where contamination is suspected for all or part of the site?
Yes, on the development site	
Yes, on land adjacent to or near the proposed development	A proposed use that would be particularly vulnerable
Ų No	to the presence of contamination?
15. Trees and Hedges	16. Trade Effluent
Are there trees or hedges on the	Does the proposal involve the need to
oroposed development site? Yes No And/or: Are there trees or hedges on land adjacent to the	dispose of trade effluents or waste? Yes No
development or might be important as part	If Yes, please describe the nature, volume and means of disposal of trade effluents or waste
f Yes to either or both of the above, you may need to provide a full	
ree Survey, at the discretion of your local planning authority. If a	
authority should make clear on its website what the supply should	
contain, in accordance with the current 'BS5837: Trees in relation to lesign, demolition and construction - Recommendations'.	
- Neconimendations	\$Date:: 2015-04-02 #\$ \$Revision:: 6149 \$
	and an addition of the state of

17. Residential Units (Including Conversion) Does your proposal include the gain, loss or change of use of residential units? Yes No If Yes, please complete details of the changes in the tables below:															
Proposed Housing								Existi	ng l	lous	ing				
Market Housing	Not known	1	Numb 2	er of		ooms Unknown	Total	Market Housing	Not known	1	Numb 2	er of		ooms Unknown	Total
Houses							a	Houses							/4
Flats and maisonettes		4	1				5	Flats and maisonettes			7				7
Live-work units							0	Live-work units							7
Cluster flats							đ	Cluster flats							d
Sheltered housing							9	Sheltered housing							ęs.
Bedsit/studios							7	Bedsit/studios							ſ
Unknown type							G	Unknown type							g
	T	otals	(a + b	+ c +	d + e	+ f + g) =	A		T	otals	(a + b	+ C +	d + e	+ f + g) =	Ę
Social Rented	Not		Numb				Total	Social Rented	Not		Numb				Total
Houses	known	1	2	3	4+	Unknown			known	1	2	3	4+	Unknown	
Flats and maisonettes							<i>27</i>	Houses							# # #
Live-work units							b	Flats and maisonettes							ti -
Cluster flats							, C	Live-work units				_			- 6
							O'	Cluster flats							€1
Sheltered housing							Ø.	Sheltered housing							0
Bedsit/studios							j.	Bedsit/studios							-
Unknown type					<u> </u>	L	Q.	Unknown type			<u> </u>				g
Totals $(a+b+c+d+e+f+g) = \beta$						B		1	otals	(a + b	+ C +	a + e	+ f + g) =	r	
	Not		Numb	er of	Bedro	noms	Total		Not		Numb	ner of	Bedr	noms	Total
Intermediate	known	1	2	3		Unknown		Intermediate	known	1	2	3	4+	Unknown	
Houses							ð	Houses							8
Flats and maisonettes							b	Flats and maisonettes							b
Live-work units							17	Live-work units							G
Cluster flats							d	Cluster flats							d
Sheltered housing							ĕ	Sheltered housing							6
Bedsit/studios							f	Bedsit/studios							f
Unknown type							g	Unknown type							g
	T	otals	(a + b	+ c +	d + e	+ f + g) =	C		Т	otals	(a + b	+ C +	d + e	+ f + g) =	G
				-			- 					_	n :		T-4-1
Key worker	Not known	1	Numb 2	er of	Bedr 4+	ooms Unknown	Total	Key worker	Not known	1	Numb 2	per of		ooms Unknown	Total
Houses		-	_	Ť		3	a	Houses		-	Ė	Ť	Ť.		a
Flats and maisonettes							b	Flats and maisonettes							b
Live-work units							6	Live-work units							G
Cluster flats							ci	Cluster flats							d
Sheltered housing							8	Sheltered housing							9
Bedsit/studios							Ŧ	Bedsit/studios							E
Unknown type							q	Unknown type							ġ
Totals $(a+b+c+d+e+f+g) = 0$ Totals $(a+b+c+d+e+f+g) = 10$															
Total proposed r	esident	ial un	its	(A +	B + C	+ D) = -	5	Total existing	resider	ıtial ι	ınits	(E -	+ F + (9 + H) =	2
TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total): State: 2015-04-02 #\$ Strevision: 61-03 \$															

				Non-resident					/
				in or change of ι				-	No
lf y	ou have answe	ered Yes to	the qu	estion above ple	ase add detail	s in the follo	owing table:		
U	lse class/type o	of use	N Existing gross internal floorspace (square metres		to be lost by change of use or demolition				Net additional gross internal floorspace following development (square metres)
A1	Sho	ps							
	Net tradal								
A2	Financi professiona								
A3	Restaurants	and cafes							
A4	Drinking esta	ablishments							
A5	Hot food ta	akeaways							
B1 (a)	Office (othe								
B1 (b)	Researd develop								
B1 (c)	Light inc	dustrial							
B2	General in	ndustrial							
B8	Storage or o	distribution							
C1	Hotels and reside								
C2	Residential i								
D1	Non-resident								
D2	Assembly a								
OTHER									
Please Specify									
	Tota	al							
In ac	ddition, for hote	els, resident	ial ins	titutions and hos	tels, please ad	ditionally in	dicate the loss or ga	ain of roo	ome
Llon	Type of use	Not I	Existir	ng rooms to be lo of use or demo	st by change	Total roor	ns proposed (includ hanges of use)		Net additional rooms
C1	Hotels								
	Residential Institutions								
OTHER									
Please Specify									
19. Em	ployment								
Please c	omplete the fo	llowing info	rmatio	on regarding em	ployees:				
			1	Full-time	Part-	time			full-time valent
	sting employee					Λ / I	1	cqui	valerit
Prop	oosed employe	ees				. 011			
20. Hot	ırs of Openi	ing							
If known,	please state th	ne hours of	openir	ng (e.g. 15:30) fo	r each non-res	idential use	proposed:		
	Use Monday to Friday Saturday Sunday and Bank Holidays Not known								
A I A									
10174									
4 6:4-	Auca								
21. Site Area Please state the site area in hectares (ha)									
riease sta	ate the site area	a in hectares	(ha)	0-02					
				-				\$Date::	2015-04-02 #\$ \$Revision: 6149 \$

24. 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 I 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 is part of, an agricultural holding** NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding. * "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. ** "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act. Date (DD/MM/YYYY): Signed - Applicant: 27/09/2019 CERTIFICA TIFICATE B Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 | certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner* and/or agricultural tenant** of any part of the land or building to which this application. application relates. "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990 Name of Owner / Agricultural Tenant Date Notice Served Or signed - Agent: Signed - Applicant: Date (DD/MM/YYYY):

24. Ownership Certificates and	Agricultural Land Desi	Invotion (continue)					
Town and Country Planning (De I certify/ The applicant certifies that: Neither Certificate A or B can be	certificate of owner evelopment Management Pr a issued for this application taken to find out the names a of it, but I have/ the applicant st or leasehold interest with all	RSHIP - CERTIFICATE C rocedure) (England) Order 2015 and addresses of the other owner that been unable to do so.	Certificate under Article 14 rs* and/or agricultural tenants** of				
Name of Owner / Agricultural Tenant		Address	Date Notice Served				
Notice of the application has been public (circulating in the area where the land is	shed in the following newspa situated):	per On the following	date (which must not be earlier ore the date of the application):				
		than 21 days ben	ore the date of the application):				
Signed - Applicant:	Or signed -	Agent:	Data /DD/MM/M/M/				
	- I signed	. 190111	Date (DD/MM/YYYY):				
	CERTIFICATE OF OWNERS						
Town and Country Planning (Dev I certify/ The applicant certifies that: Certificate A cannot be issued for All reasonable steps have been to date of this application, was the c have/ the applicant has been unal "owner" is a person with a freehold interest "agricultural tenant" has the meaning give The steps taken were:	this application the total this application the	d addresses of everyone else who nant** of any part of the land to w					
Notice of the application has been publish circulating in the area where the land is s	ned in the following newspape ituated):		date (which must not be earlier the date of the application):				
Cianad Applicant							
Signed - Applicant:	Or signed - A	gent:	Date (DD/MM/YYYY):				
25. Planning Application Require	ements - Chacklist						
Please read the following checklist to mak nformation required will result in your ap the Local Planning Authority has been sub	e sure you have sent all the in	nformation in support of your pro d. It will not be considered valid	posal. Failure to submit all until all information required by				
The original and 3 copies of a completed a application form:		The correct fee:	N				
The original and 3 copies of the plan which	n identifies	The original and 3 copies of a d	esign and access statement				
he land to which the application relates d dentified scale and showing the direction	rawn to an	The original and 3 copies of the	uidance notes for details):				
The original and 3 copies of other plans and drawings or office of the subject of the application: Ownership Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings):							

26. 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 figenuine opinions of the person(s) giving them.	nis form and the accompanying plans/drawings and additional acts stated are true and accurate and any opinions given are the
Signed - Applicant: Or	Data (DD/MM/VVVV)
	Date (DD/MM/YYYY): 27/09/26/y (date cannot be pre-application)
27. Applicant Contact Details	28. Agent Contact Details
Telephone numbers	Telephone numbers
Country code: National number: Extension number: number:	Country code: National number: Extension number:
Country code: Mobile number (optional):	Country code: Mobile number (optional):
Country code: Fax number (optional):	Country code: Pax number (optional):
Email address (optional):	Email address (optional):
29. Site Visit	
Can the site be seen from a public road, public footpath, bridleway or	other public land? Yes No
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Agent Applicant Other (if different from the
If Other has been selected, please provide:	agent/applicant's details)
Contact name:	Telephone number:
Email address:	