

Email: planning@camden.gov.uk

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

Application for Planning Permission and for relevant demolition of an unlisted building in a conservation area Town and Country Planning Act 1990

## Publication of applications on planning authority websites.

47

1. Site Address

Property name

Number

Suffix

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.

| Address line 1                         | England's Lane                                  |  |  |
|----------------------------------------|-------------------------------------------------|--|--|
| Address line 2                         |                                                 |  |  |
| Address line 3                         |                                                 |  |  |
| Town/city                              | London                                          |  |  |
| Postcode                               | NW3 4YD                                         |  |  |
| Description of site locat              | ion must be completed if postcode is not known: |  |  |
| Easting (x)                            | 527527                                          |  |  |
| Northing (y)                           | 184564                                          |  |  |
| Description                            |                                                 |  |  |
|                                        |                                                 |  |  |
| 2. Applicant Detai                     | ils                                             |  |  |
| Title                                  |                                                 |  |  |
| First name                             |                                                 |  |  |
| Surname                                | Artichoke Ltd.                                  |  |  |
| Company name                           |                                                 |  |  |
| Address line 1                         | c/o Agent                                       |  |  |
| Address line 2                         |                                                 |  |  |
| Address line 3                         |                                                 |  |  |
| Town/city                              |                                                 |  |  |
| Country                                |                                                 |  |  |
| Planning Portal Reference: PP-08288874 |                                                 |  |  |

| 2. Applicant Deta                                                                                                                                                                                                                                                                                   | ils                       |      |                  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------|------------------|--|
| Postcode                                                                                                                                                                                                                                                                                            |                           |      |                  |  |
| Primary number                                                                                                                                                                                                                                                                                      |                           |      |                  |  |
| Secondary number                                                                                                                                                                                                                                                                                    |                           |      |                  |  |
| Fax number                                                                                                                                                                                                                                                                                          |                           |      |                  |  |
| Email address                                                                                                                                                                                                                                                                                       |                           |      |                  |  |
| Are you an agent actin                                                                                                                                                                                                                                                                              | g on behalf of the applic | ant? | ⊚ Yes         No |  |
| 3. Agent Details                                                                                                                                                                                                                                                                                    |                           |      |                  |  |
| Title                                                                                                                                                                                                                                                                                               | Mr                        |      |                  |  |
| First name                                                                                                                                                                                                                                                                                          | Samuel                    |      |                  |  |
| Surname                                                                                                                                                                                                                                                                                             | Dargue                    |      |                  |  |
| Company name                                                                                                                                                                                                                                                                                        | Pegasus Group             |      |                  |  |
| Address line 1                                                                                                                                                                                                                                                                                      | 10 Albemarle Street       |      |                  |  |
| Address line 2                                                                                                                                                                                                                                                                                      |                           |      |                  |  |
| Address line 3                                                                                                                                                                                                                                                                                      |                           |      |                  |  |
| Town/city                                                                                                                                                                                                                                                                                           | London                    |      |                  |  |
|                                                                                                                                                                                                                                                                                                     | London                    |      |                  |  |
| Country                                                                                                                                                                                                                                                                                             |                           |      |                  |  |
| Postcode                                                                                                                                                                                                                                                                                            | W1S 4HH                   |      |                  |  |
| Primary number                                                                                                                                                                                                                                                                                      |                           |      |                  |  |
| Secondary number                                                                                                                                                                                                                                                                                    |                           |      |                  |  |
| Fax number                                                                                                                                                                                                                                                                                          |                           |      |                  |  |
| Email                                                                                                                                                                                                                                                                                               |                           |      |                  |  |
|                                                                                                                                                                                                                                                                                                     |                           |      |                  |  |
| 4. Site Area                                                                                                                                                                                                                                                                                        | ant of the site area?     | 0.01 |                  |  |
| What is the measurem<br>(numeric characters or                                                                                                                                                                                                                                                      | nly).                     | 0.01 |                  |  |
| Unit                                                                                                                                                                                                                                                                                                | hectares                  |      |                  |  |
|                                                                                                                                                                                                                                                                                                     |                           |      |                  |  |
| 5. Description of the Proposal                                                                                                                                                                                                                                                                      |                           |      |                  |  |
| Please describe details of the proposed development or works including any change of use and details of the proposed demolition.  If you are applying for Technical Details Consent on a site that has been granted Permission In Principle, please include the relevant details in the description |                           |      |                  |  |
| below.                                                                                                                                                                                                                                                                                              |                           |      |                  |  |
| Change of use of the ground floor and basement levels from Sui Generis launderette to A1 retail.                                                                                                                                                                                                    |                           |      |                  |  |
| Has the work or chang                                                                                                                                                                                                                                                                               | e of use already started  |      | © Yes ● No       |  |
|                                                                                                                                                                                                                                                                                                     |                           |      |                  |  |

| 6. Explanation for Proposed Demolition Work  Why is it necessary to demolish all or part of the building(s) and/or structure(s)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| 7. Existing Use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Please describe the current use of the site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Sui Generis laundrette                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Is the site currently vacant?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes                              | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Does the proposal involve any of the following? If Yes, you will need to submit an appropriate contamination asset                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ssment                           | with your application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Land which is known to be contaminated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  | ● No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Land where contamination is suspected for all or part of the site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | © Yes                            | No     No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| A proposed use that would be particularly vulnerable to the presence of contamination                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ℚ Yes                            | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Note: the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| B. Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Does the proposed development require any materials to be used?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | ● No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 9. Pedestrian and Vehicle Access, Roads and Rights of Way                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| Are there are very public reads to be provided within the cite?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☑ Yes                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| Are there any new public rights of way to be provided within or adjacent to the site?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes                              | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Do the proposals require any diversions/extinguishments and/or creation of rights of way?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  | ● No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 10. Vehicle Parking                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| Is vehicle parking relevant to this proposal?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ℚ Yes                            | ● No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 11. Trees and Hedges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| And the contract of the date of the contract o |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes                              | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| f Yes to either or both of the above, you may need to provide a full tree survey, at the discretion of your local plans required, this and the accompanying plan should be submitted alongside your application. Your local planning aut website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demo Recommendations'.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ning au<br>hority s<br>lition ai | thority. If a tree survey is<br>should make clear on its<br>nd construction -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| 12. Assessment of Flood Risk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 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.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | © Yes                            | No     No |
| f Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | © Yes                            | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

| 12. Assessment of Flood Risk                                                                                                                                                                                                              |        |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------|
| Will the proposal increase the flood risk elsewhere?                                                                                                                                                                                      |        | No                        |
| How will surface water be disposed of?                                                                                                                                                                                                    |        |                           |
| Sustainable drainage system                                                                                                                                                                                                               |        |                           |
| Existing water course                                                                                                                                                                                                                     |        |                           |
| Soakaway                                                                                                                                                                                                                                  |        |                           |
| Main sewer                                                                                                                                                                                                                                |        |                           |
| Pond/lake                                                                                                                                                                                                                                 |        |                           |
| 13. Biodiversity and Geological Conservation  Is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the a or near the application site?                                             |        | -                         |
| To assist in answering this question correctly, please refer to the help text which provides guidance on determini geological conservation features may be present or nearby; and whether they are likely to be affected by the property. | osals. | important biodiversity of |
| a) Protected and priority species:  Yes, on the development site Yes, on land adjacent to or near the proposed development No                                                                                                             |        |                           |
| <ul> <li>b) Designated sites, important habitats or other biodiversity features:</li> <li>Yes, on the development site</li> <li>Yes, on land adjacent to or near the proposed development</li> <li>No</li> </ul>                          |        |                           |
| c) Features of geological conservation importance:  Yes, on the development site  Yes, on land adjacent to or near the proposed development  No                                                                                           |        |                           |
| 14. Foul Sewage                                                                                                                                                                                                                           |        |                           |
| Please state how foul sewage is to be disposed of:  Mains Sewer Septic Tank Package Treatment plant Cess Pit Other Unknown                                                                                                                |        |                           |
| Are you proposing to connect to the existing drainage system?                                                                                                                                                                             | © Yes  | No □ Unknown              |
| 15. Waste Storage and Collection                                                                                                                                                                                                          |        |                           |
| Do the plans incorporate areas to store and aid the collection of waste?                                                                                                                                                                  |        | No                        |
| Have arrangements been made for the separate storage and collection of recyclable waste?                                                                                                                                                  | ○ Yes  |                           |
|                                                                                                                                                                                                                                           |        |                           |
| 16. Trade Effluent                                                                                                                                                                                                                        |        |                           |
| Does the proposal involve the need to dispose of trade effluents or trade waste?                                                                                                                                                          | ℚ Yes  | ● No                      |

| 17. Residential/Dwelling Units                                                                                                                                                                                                                                                        |                                                          |                                                                                                 |                                                                                         |                                                                                            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--|
| Due to changes in the information requirements for this question that are not currently available on the system, if you need to supply details of Residential/Dwelling Units for your application please follow these steps:                                                          |                                                          |                                                                                                 |                                                                                         |                                                                                            |  |
| 1. Answer 'No' to the question below;<br>2. Download and complete this supplementary information template (PDF);<br>3. Upload it as a supporting document on this application, using the 'Supplementary information template' document type.                                          |                                                          |                                                                                                 |                                                                                         |                                                                                            |  |
| This will provide the local authority with the required information                                                                                                                                                                                                                   |                                                          | •                                                                                               | •                                                                                       |                                                                                            |  |
| Does your proposal include the gain, loss or change of use of re-                                                                                                                                                                                                                     | sidential units?                                         |                                                                                                 |                                                                                         |                                                                                            |  |
|                                                                                                                                                                                                                                                                                       |                                                          |                                                                                                 |                                                                                         |                                                                                            |  |
| 18. All Types of Development: Non-Residential F                                                                                                                                                                                                                                       | loorspace                                                |                                                                                                 |                                                                                         |                                                                                            |  |
| Does your proposal involve the loss, gain or change of use of no                                                                                                                                                                                                                      | n-residential floorspace                                 | ?                                                                                               | Yes □ No                                                                                |                                                                                            |  |
| If you have answered Yes to the question above please add deta                                                                                                                                                                                                                        | ils in the following table                               | :                                                                                               |                                                                                         |                                                                                            |  |
| Use Class                                                                                                                                                                                                                                                                             | Existing gross<br>internal floorspace<br>(square metres) | Gross internal<br>floorspace to be lost<br>by change of use or<br>demolition (square<br>metres) | Total gross new internal floorspace proposed (including changes of use) (square metres) | Net additional gross<br>internal floorspace<br>following<br>development (square<br>metres) |  |
| Other                                                                                                                                                                                                                                                                                 | 157                                                      | 157                                                                                             | 0                                                                                       | -157                                                                                       |  |
| A1 - Shops Net Tradable Area                                                                                                                                                                                                                                                          | 0                                                        | 0                                                                                               | 157                                                                                     | 157                                                                                        |  |
| Total                                                                                                                                                                                                                                                                                 | 157                                                      | 157                                                                                             | 157                                                                                     | 0                                                                                          |  |
| For hotels, residential institutions and hostels please additionally                                                                                                                                                                                                                  | indicate the loss or gain                                | of rooms:                                                                                       |                                                                                         |                                                                                            |  |
| 19. Employment  Will the proposed development require the employment of any staff?  Ores No                                                                                                                                                                                           |                                                          |                                                                                                 |                                                                                         |                                                                                            |  |
| 20. Hours of Opening                                                                                                                                                                                                                                                                  |                                                          |                                                                                                 |                                                                                         |                                                                                            |  |
| Are Hours of Opening relevant to this proposal?                                                                                                                                                                                                                                       |                                                          |                                                                                                 | O.V. O.N.                                                                               |                                                                                            |  |
| Are from a of opening relevant to this proposar:                                                                                                                                                                                                                                      |                                                          |                                                                                                 | Q Yes ⊚ No                                                                              |                                                                                            |  |
| 21. Industrial or Commercial Processes and Machinery  Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site: |                                                          |                                                                                                 |                                                                                         |                                                                                            |  |
| Is the proposal for a waste management development?   ○ Yes  ○ No                                                                                                                                                                                                                     |                                                          |                                                                                                 |                                                                                         |                                                                                            |  |
| If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make it clear what information it requires on its website                                                              |                                                          |                                                                                                 |                                                                                         |                                                                                            |  |
| 22. Hazardous Substances                                                                                                                                                                                                                                                              |                                                          |                                                                                                 |                                                                                         |                                                                                            |  |
| Does the proposal involve the use or storage of any hazardous substances?                                                                                                                                                                                                             |                                                          |                                                                                                 |                                                                                         |                                                                                            |  |
| 22. Sita Viola                                                                                                                                                                                                                                                                        |                                                          |                                                                                                 |                                                                                         |                                                                                            |  |
| 23. Site Visit                                                                                                                                                                                                                                                                        |                                                          |                                                                                                 |                                                                                         |                                                                                            |  |

Planning Portal Reference: PP-08288874

Yes 
 No

Can the site be seen from a public road, public footpath, bridleway or other public land?

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact?

| 3. Site Visit                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------|
| <ul><li>The agent</li><li>The applicant</li><li>Other person</li></ul>                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                  |
| 4. Pre-applicatio                                                                                                                                                                                                 | n Advic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                  |
| • •                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | een sought from the local authority about this application?                                                                                                                                                                                                                                                                                                              |                    | No                                               |
| a) a member of staff b) an elected member c) related to a member d) related to an elected t is an important princip For the purposes of this nformed observer, hav he Local Planning Auti Do any of the above sta | rer of staffed members of decised mestions of the consideration of the c | s the applicant and/or agent one of the following:  er  sion-making that the process is open and transparent.  , "related to" means related, by birth or otherwise, closely enough that a fair-minded and lered the facts, would conclude that there was bias on the part of the decision-maker in                                                                       | ℚ Yes              | ● No                                             |
| nder Article 14 certify/The applicant ne date of this applica 'owner' is a person w                                                                                                                               | certifies t<br>ation, was<br>vith a free<br>own and C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | - CERTIFICATE B - Town and Country Planning (Development Management Proce that I have/the applicant has given the requisite notice to everyone else (as listed be the owner* and/or agricultural tenant** of any part of the land or building to which hold interest or leasehold interest with at least 7 years left to run. ** 'agricultural tountry Planning Act 1990 | elow) w<br>this ap | ho, on the day 21 days before plication relates. |
| Name of Owner/Agrid                                                                                                                                                                                               | cultural                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                  |
| Number                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                  |
| Suffix                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                  |
| House Name                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | c/o Willmotts                                                                                                                                                                                                                                                                                                                                                            |                    |                                                  |
| Address line 1                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Willmott House                                                                                                                                                                                                                                                                                                                                                           |                    |                                                  |
| Address line 2                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12 Blacks Road                                                                                                                                                                                                                                                                                                                                                           |                    |                                                  |
| Town/city                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | London                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                  |
| Postcode                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | W6 9EU                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                  |
| Date notice served (DD/MM/YYYY)                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 22/11/2019                                                                                                                                                                                                                                                                                                                                                               |                    |                                                  |
| Person role The applicant The agent                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                  |
| Γitle                                                                                                                                                                                                             | Mr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                  |
| First name                                                                                                                                                                                                        | Samuel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                  |
| Surname                                                                                                                                                                                                           | Dargue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                  |
|                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                  |
|                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Plane's Partal Pafances PR 0000074                                                                                                                                                                                                                                                                                                                                       |                    |                                                  |

| 26. Ownership Ce                                                                                                                                                                                                                                                                                                     | ertificates and Agricultural Land Declaratio | n |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---|--|--|--|
| Declaration date<br>(DD/MM/YYYY)                                                                                                                                                                                                                                                                                     | 22/11/2019                                   |   |  |  |  |
| ✓ Declaration made                                                                                                                                                                                                                                                                                                   |                                              |   |  |  |  |
|                                                                                                                                                                                                                                                                                                                      |                                              |   |  |  |  |
| 27. Declaration                                                                                                                                                                                                                                                                                                      |                                              |   |  |  |  |
| I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them. |                                              |   |  |  |  |
| Date (cannot be pre-<br>application)                                                                                                                                                                                                                                                                                 | 22/11/2019                                   |   |  |  |  |
|                                                                                                                                                                                                                                                                                                                      |                                              |   |  |  |  |
|                                                                                                                                                                                                                                                                                                                      |                                              |   |  |  |  |
|                                                                                                                                                                                                                                                                                                                      |                                              |   |  |  |  |