

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 to determine if prior approval is required for a proposed: Development by or on behalf of an electronic communications code operator for the purpose of the operator's Electronic Communications Network in, on, over or under land controlled by that operator or in accordance with the electronic communications code.

The Town and Country Planning (General Permitted Development) (England) Order 2015 (as amended) -Schedule 2, Part 16, Class A

Publication of applications on planning authority websites.

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

| 1. Site Address | | |
|---------------------------|---|--|
| Number | | |
| Suffix | | |
| Property name | 300-306 Battle Bridge House | |
| Address line 1 | Gray's Inn Road | |
| Address line 2 | | |
| Address line 3 | | |
| Town/city | London | |
| Postcode | WC1X 8DU | |
| Description of site locat | ion must be completed if postcode is not known: | |
| Easting (x) | 530612 | |
| Northing (y) | 182706 | |
| Description | | |
| | | |

| 2. Applicant Details | | | | |
|----------------------|-----------|--|--|--|
| Title | | | | |
| First name | | | | |
| Surname | Vodafone | | | |
| Company name | | | | |
| Address line 1 | c/o Agent | | | |
| Address line 2 | | | | |

2. Applicant Details

| Address line 3 | | | | |
|---|---------------------------------|--|--|--|
| Town/city | Manchester | | | |
| Country | | | | |
| Postcode | M2 4JG | | | |
| Are you an agent acting on behalf of the applicant? | | | | |
| Primary number | 07557191962 | | | |
| Secondary number | | | | |
| Fax number | | | | |
| Email address | megan.moore@monoconsultants.com | | | |

| 3. Agent Details | | | | |
|------------------|---------------------------------|--|--|--|
| Title | Miss | | | |
| First name | Megan | | | |
| Surname | Moore | | | |
| Company name | Mono | | | |
| Address line 1 | STEAM PACKET HOUSE | | | |
| Address line 2 | 76 Cross Street | | | |
| Address line 3 | | | | |
| Town/city | Manchester | | | |
| Country | | | | |
| Postcode | M2 4JG | | | |
| Primary number | 07557191962 | | | |
| Secondary number | | | | |
| Fax number | | | | |
| Email | megan.moore@monoconsultants.com | | | |

4. Telecommunications Apparatus

Please specify the type of apparatus to be installed or altered (e.g. call box, mast)

1No. antenna to be wall mounted on new steelwork (approximately 2 meters in height), 1No. antenna to be located on new freestanding frame (approximately 2 meters in height) and 1No. antenna to be located on existing support pole. Installation of 14No. ERS units, changes to be made internally to existing cabin, together with other ancillary development thereto.

Please provide further details of the apparatus (e.g. height, size, colour etc)

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Are you replacing an existing installation?

If Yes, please provide further details of the existing apparatus (e.g. height, size, colour etc)

🖲 Yes 🛛 🔾 No

🖲 Yes 🛛 🔍 No

| 4. Telecommunications Apparatus | | | | | |
|---|---|----------|-----------------------|--|--|
| See supplementary information | | | | | |
| frequency (RF) public e (ICNIRP)? The emissio | Are you submitting a declaration confirming that the apparatus is in full compliance with the requirements of the radio frequency (RF) public exposure guidelines of the International Commission on Non-Ionizing Radiation Protection (ICNIRP)? The emissions from all mobile phone network operators' equipment on the site must be taken into account when determining compliance. | | | | |
| 5. Supplementary | Information | | | | |
| Are you also providing a Practice on Mobile Pho | Are you also providing a completed Supplementary Information Template (as set out in Appendix D of the Code of Best <a>Yes <a>Yes No Practice on Mobile Phone Network Development in England)? | | | | |
| 6. Neighbour and | Community Consultation | | | | |
| Have you consulted you | Have you consulted your neighbours or the local community about the proposal? | | | | |
| If Yes, please provide d | letails: | | | | |
| See supplementary info | rmation | | | | |
| | | | | | |
| 7. Site Visit | | | | | |
| Can the site be seen fro | om a public road, public footpath, bridleway or other public land? | Yes | O No | | |
| If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? The agent The applicant Other person | | | | | |
| | | | | | |
| 8. Pre-application | Advice | | | | |
| Has assistance or prior | advice been sought from the local authority about this application? | Yes | © No | | |
| If Yes, please complete efficiently): | e the following information about the advice you were given (this will help the authority to d | eal with | this application more | | |
| Officer name: | | | | | |
| Title | Please Select | | | | |
| First name | | | | | |
| Surname | | | | | |
| Reference | | | | | |
| Date (Must be pre-application submission) | | | | | |
| | | | | | |
| Details of the pre-application advice received | | | | | |
| See supplementary info | See supplementary information | | | | |

9. Declaration

| I/we hereby apply for p | lanning permission/consent as described in this form and | d 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- application) | 28/04/2020 | | | |