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

Application for listed building consent for alterations, extension or demolition of a listed building.

Planning (Listed Buildings and Conservation Areas) Act 1990

/2021

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

## Publication of applications on planning authority websites

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

Please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

| 1. Applicant Name and Address   | 2. Agent Name and Address                  |
|---|--|
| Title: First name:  | Title: First name:                         |
| Last name: KINGS CROSS CENTRAL GENERAL PARTNER LTD Company (optional):  | Last name:  Company (optional): ARGENT LLP |
| Unit: House House suffix:   | Unit: House House suffix:                  |
| House name:   | House name:                                |
| Address 1: 4 STABLE STREET  | Address 1: 4 STABLE STREET                 |
| Address 2:  | Address 2:                                 |
| Address 3:  | Address 3:                                 |
| Town: LONDON  | Town: LONDON                               |
| County:   | County:                                    |
| Country:  | Country:                                   |
| Postcode: N1C 4AB   | Postcode: N1C 4AB                          |
| 3. Description of Proposed Work Please describe the proposals to alter, extend or demolish the listed PLEASE SEE SUBMISSION FOR DETAILS | building(s):                               |

| 3. Description of Proposed Work (continued)  | 4. Site Address Details   |  |  |
|--|---|--|--|
| Has the work already started without consent?  If Yes, please state when the work was started (DD/MM/YYYY):  | Please provide the full postal address of the application site.  Unit: House number: House suffix:  House name:  Address 1: 4 STABLE STREET  Address 2:   |  |  |
| (date must be pre-application submission)  Has the work been completed without consent?  If Yes, please state the date when the work was completed (DD/MM/YYYY):  (date must be pre-application submission)                          | Address 3:  Town: LONDON  County:  Restcode (optional): N1C 4AB  Description of location or a grid reference. (must be completed if postcode is not known):  Easting: Northing:  Description:   |  |  |
|  |   |  |  |
| S. Related Proposals  Are there any current applications, previous proposals or demolitions for the site?  If Yes please describe and include the planning application reference number(s), if known:  Description  Reference number | 6. Pre-application Advice  Has assistance or prior advice been sought from the local authority about this application?  Yes No  If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).  Please tick if the full contact details are not known, and then complete as much as possible:  Officer name:  PATRICK MARFLEET  Reference:  Date (DD/MM/YYYY): (must be pre-application submission)  Details of pre-application advice received? |  |  |
| 7. Neighbour and Community Consultation  Have you consulted your neighbours or the local community about the proposal?  Yes No  If Yes, please provide details:  | 8. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff (d) related to an elected member  If Yes, please provide details of the name, relationship and role  |  |  |

| 9. Materials   |                                |   |                   |               |
|--|--------------------------------|---|-------------------|---------------|
| Please provide a descr   |                                | ishes to be used in the building (demolition exclud |                   |               |
|  | Existing<br>(where applicable) | Proposed  | Not<br>applicable | Don't<br>Know |
| External walls   | PLEASE SEE APPLICATION DOCUMEN | NTS   |                   |               |
| Roof covering  |                                |   |                   |               |
| Chimney  |                                |   |                   |               |
| Windows  |                                |   |                   |               |
| External doors   |                                |   |                   |               |
| Ceilings   |                                |   |                   |               |
| Internal walls   |                                |   |                   |               |
| Floors   |                                |   |                   |               |
| Internal doors   |                                |   |                   |               |
| Rainwater goods  |                                |   |                   |               |
| Boundary treatments<br>(e.g. fences, walls)  |                                |   |                   |               |
| Vehicle access and hard standing   |                                |   |                   |               |
| Lighting   |                                |   |                   |               |
| Others<br>(add description)  |                                |   |                   |               |
| Are you supplying additional information on submitted drawings or plans?  Yes  No  If Yes, please state plan(s)/drawing(s) references: |                                |   |                   |               |
|  | BMISSION FOR DETAILS           |   |                   |               |
|  |                                |   |                   |               |
|  |                                |   |                   |               |

| 10. Demolition  |  |             | 11. Listed Building Alterations  |
|---|--|-------------|--|
| Does the proposal include the ptotal demolition of a listed build   |  | ✓ No        | Do the proposed works include alterations to a listed building?  |
| If Yes, which of the following do   | es the proposal involve?                                   |             | If Yes, do the proposed works include:   |
| a) Total demolition of the listed   | building: Yes  | ☐ No        | (you must answer each of the questions)  |
| b) Demolition of a building with<br>the curtilage of the listed building  |  | ☐ No        | a) Works to the interior of the building? Yes No   |
| c) Demolition of a part of the lis  | ted building: Yes  | ☐ No        | b) Works to the exterior of the building? Yes No   |
| If the answer to c) is Yes:   |  |             | c) Works to any structure or object fixed to the property (or buildings within   |
| i) What is the total volume of the listed building?(cubic metres)   |  |             | its curtilage) internally or externally?  Yes No   |
| ii) What is the volume of the part<br>to be demolished?(cubic metres)   |  |             | d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)?  |
| iii) What was the (approximate) erection of the part to be remo (date must be pre-application solutions are provide a brief descrip building you are proposing to o | ved? (MM/YYYY)<br>submission)<br>tion of the building or p | art of the  | If the answer to any of these questions is Yes, please provide plans, drawings, photographs sufficient to identify the location, extent and character of the items to be removed, and the proposal for their replacement, including any new means of structural support and state references for the plan(s)/drawing(s): |
| Why is it necessary to demolish of the building(s) and or structu   |  | all or part |  |
| 12. Listed Building Grad  | ing  | )           | 13. Immunity From Listing  |
| Please state the grading (if know Buildings of Special Architecture   | _  |             | Has a Certificate of Immunity from Listing been sought in respect of this building?  |
| one box must be ticked)  Grade  | Ecclesiastical Gr  | ade 🖂       | Yes No Don't know  |
| Grade I   | Ecciesiastical Gi  |             | If Yes, please provide the result of the application:  |
| Grade II*   | Ecclesiastical Grad  | de II*      |  |
| Grade II  | Ecclesiastical Gra   | ade II      |  |
|   | Don't k  | know        |  |

## 14. Ownership Certificates One Certificate A, B, C, or D, must be completed with this application form **CERTIFICATE OF OWNERSHIP - CERTIFICATE A** Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 I certify/ The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner\* of any part of the land or building to which the application relates. \* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. Signed - Applicant: Or signed - Agent: Date DD/MM/YYYY): LAURA MURRAY 02/07/2021 CERTIFICATE OF OWNERSHIP - CERTIFICATE B Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner\* of any part of the land or building to which this application relates. \* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. Name of Owner Date Notice Served Address Or signed - Agent: Signed - Applicant: Date DD/MM/YYYY): **CERTIFICATE OF OWNERSHIP - CERTIFICATE C** Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 I certify/ The applicant certifies that: Neither Certificate A or B can be issued for this application All reasonable steps have been taken to find out the names and addresses of the other owners\* of the land or building, or of a part of it, but I have/ the applicant has been unable to do so. \* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. The steps taken were: Name of Owner Date Notice Served Address Notice of the application has been published in the following newspaper On the following date (which must not be earlier (circulating in the area where the land is situated): than 21 days before the date of the application): Signed - Applicant: Or signed - Agent: Date DD/MM/YYYY):

|   | TIFICATE OF OWN                              |                                      |  | Regulations 1990                                |                                  |
|---|--|--------------------------------------|--|---|----------------------------------|
| Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990  I certify/ The applicant certifies that:  Certificate A cannot be issued for this application  All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner* of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.  * "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. |  |                                      |  |   |                                  |
| The steps taken were:   |  |                                      |  |   |                                  |
| Notice of the application has been published in (circulating in the area where the land is situated   |  | paper                                |  | wing date (which mu<br>s before the date of tl  |                                  |
| Signed - Applicants   | Orsigned                                     | - Agont:                             |  | Da  | te DD/MM/YYYY):                  |
| Signed - Applicant:   | Or signed                                    | - Agent.                             |  | Da  | te DD/MM/TTTT):                  |
|   |  |                                      |  |   |                                  |
| 15 Diaming Application Bossisomen   | te Chaeldiet                                 |                                      |  |   |                                  |
| <b>15. Planning Application Requiremen</b> Please read the following checklist to make sure   |  | information in s                     | upport of vol                          | ur proposal. Failure to                         | submit all                       |
| information required will result in your application  | on being deemed inv                          |                                      |  |   |                                  |
| the Local Planning Authority (LPA) has been sub   | mitted.                                      | The original and                     | 3 copies* of                           | other plans and drawi                           | ngs or                           |
| The original and 3 copies* of a completed and da application form:  | ited 🗸                                       |                                      |  | cribe the subject of th                         | e application: 🔽                 |
| The original and 3 copies* of a plan which identif  | •  |                                      |  | the completed dated<br>, or D - as applicable): | $\checkmark$                     |
| land to which the application relates and drawn to an   |  |                                      |  |   |                                  |
| *National legislation specifies that the applicant  | Annual Control                               |                                      |  |   |                                  |
| total of four copies), unless the application is sub<br>LPAs may also accept supporting documents in e  |  |                                      |  |   |                                  |
| You can check your LPA's website for information  |  |                                      |  |   | City.                            |
| 16. Declaration   |  |                                      |  |   |                                  |
| I/we hereby apply for planning permission/conse information. I/we confirm that, to the best of my, genuine opinions of the person(s) giving them.   | ent as described in tl<br>our knowledge, any | nis form and the<br>facts stated are | accompanyin<br>true and accu           | g plans/drawings and<br>trate and any opinion   | d additional<br>s given are the  |
| Signed - Applicant:   | Or signed - Agent:                           |                                      |  | Date (DD/MM/YYYY                                | ):                               |
|   | Laura Murray                                 |                                      |  | 02/07/2021                                      | (date cannot be pre-application) |
| 17. Applicant Contact Details   |  | 18. Agent (                          | Contact De                             | tails   |                                  |
| Telephone numbers   |  | Telephone nu                         |  |   |                                  |
| Country code: National number:  | Extension number:                            | Country code                         |  | umbor:  | Extension number:                |
| National number.  | Tidriber.                                    |                                      | Nationari                              | iumber.   | Tidilibel.                       |
| Country code: Mobile number (optional):   |  | Country code                         | 」                                      | ımber (optional):                               |                                  |
| [ ]   |  |                                      |  |   |                                  |
| Country code: Fax number (optional):  |  | Country code                         | Fax numb                               | er (optional):                                  |                                  |
|   |  |                                      |  | ,   |                                  |
| Email address (optional):   |  | Email address                        | (optional):                            |   |                                  |
|   |  |                                      | ■ ************************************ |   |                                  |

| 19. Site Visit   |       |             |   |
|--|-------|-------------|---|
| Can the site be seen from a public road, public footpath, bridleway or other public land?  |       | ✓ Yes       | No  |
| If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide: | Agent | ✓ Applicant | Other (if different from the agent/applicant's details) |
| Contact name: Telephone number   |       | er:         |   |
| LAURA MURRAY   |       |             |   |
| Email address:   |       |             |   |