

If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply

Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) Act 1990

Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended).

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:

Publication of applications on planning authority websites Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

If printed, please complete using block capitals and black ink.

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

1. Applicant Name and Address			
Title:	MS First name: C		
Last name:	MASH		
Company (optional):			
Unit:	House number: 35 House suffix:		
House name:			
Address 1:	JOHN STREET		
Address 2:			
Address 3:			
Town:			
County:			
Country:	LONDON		
Postcode:	WCIN ZAT		

2. Agent Name and Address		
MS First name: AFRODITI		
KIRMI		
House number: 40 House suffix:		
ELM ROAD		
KINGSTON UPON THANES		
UK		
KT2 6HP		

3. Site Address Details	4. Pre-application Advice				
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?				
Unit: House number: 35 House suffix:	Yes No				
House name:	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1: JOHN STREET	application more efficiently). Please tick if the full contact details are not				
Address 2:	known, and then complete as much as possible:				
Address 3:	Officer name:				
Town:	Reference:				
County: CONDON					
Postcode (optional): WCIN 2AT	Date (DD/MM/YYYY):				
Description of location or a grid reference. (must be completed if postcode is not known):	(must be pre-application submission) Details of pre-application advice received?				
	Details of pre-application advice received?				
Easting: Northing: Description:					
Description.					
5. Description Of Your Proposal Please provide a description of the approved development as shown	on the decision letter, including the application reference number				
and date of decision in the sections below: ATCRATION REGILBISHMONT ST HOUSE	INCLUDING THE REPLACEMENT OF FRENCH				
DOORS TO REAR ELEVATION (GROUND PH	INCLUDING THE REPLACEMENT OF FRENCH ADL) RESTORATION/ALTERATION TO REAR HWELL, PLUS ALTERATIONS TO WINDOW SURROUNDS, WALL PAIRLY				
INSTALLATION OF DOORS AND SEGNDARY OLAZING	3- ON THILD FLOOR.				
Reference number: 2021/0829/L Date of decision:	(Date must be pre-application submission) (DD/MM/YYYY)				
Please state the condition number(s) to which this application relates	Subinission) (DD/MM/1111)				
1.	6. A				
2.	7.				
3.	8.				
4.	9.				
5.	10.				
Has the development already started?	Yes No				
If Yes, please state when the development started (DD/MM/YYYY):	(date must be pre-application submission)				
Has the development been completed?	Yes No				
If Yes, please state when the development was completed (DD/MM/	YYYY): (date must be pre-application submission)				
6. Discharge Of Condition Please provide a full description and/or list of the materials/details the	at are being submitted for approval:				
Please provide a full description and/or list of the materials/details that are being submitted for approval: DRAWINGS OF LIGHTWELL ELEVATIONS AS APPROVED & DRAWINGS OF LIGHTWELL ELEVATIONS AS					
PROPOSED					
7. Part Discharge Of Condition(s)					
Are you seeking to discharge only part of a condition? Yes No If Yes, please indicate which part of the condition your application relates to:					
CONDITION 6A					

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information required will result in your application being deemed in the Local Planning Authority (LPA) has been submitted.	e information in support of your proposal. Failure to submit all valid. It will not be considered valid until all information required by
The original and 3 copies* of a completed and dated application form:	original and 3 copies* of other plans and drawings nformation necessary to describe the subject of the application:
The correct fee:	
*National legislation specifies that the applicant must provide the or total of four copies), unless the application is submitted electronicall LPAs may also accept supporting documents in electronic format by You can check your LPA's website for information or contact their pla	ly or, the LPA indicate that a smaller number of copies is required. post (for example, on a CD, DVD or USB memory stick).
9. Declaration I/we hereby apply for planning permission/consent as described in tinformation. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them. Signed - Applicant:	this form and the accompanying plans/drawings and additional y facts stated are true and accurate and any opinions given are the Or signed - Agent:
	The state of the s
Date (DD/MM/YYYY): 06.10.2021 (date cannot be pre-application)	
10. Applicant Contact Details	11. Agent Contact Details
Telephone numbers Country code: National number:	Telephone numbers Country code: National number: Country code: 1818796490 Country code: Mobile number (optional): Country code: Fax number (optional):
Email address (optional):	Email address (optional): akstudio dota gmail.am
12. Site Visit Can the site be seen from a public road, public footpath, bridleway of 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: Contact name:	or other public land? Yes No Agent Applicant Other (if different from the agent/applicant's details) Telephone number:
	()

Email address: