

20 101 2015

Development Control
Development and Street Scene
London Borough of Richmond upon Thames
Civic Centre, 44 York Street, Twickenham TW1 3BZ

Tel: 0845 612 2660

Email: envprotection@richmond.gov.uk

PLANNING 15/079S/DDO1

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

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

Publication of applications on planning authority websites

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

Please complete using block capitals and black ink.

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

Applicant Name and Address		2. Agent Name and Address
Title:	First name: JULIA	Title: First name: LEON IE
Last name:	COLEGATE - STONE	Last name: FITZGERALD
Company (optional):		Company JULIAN COWIE ARCHITECTS
Unit:	House number: 21 House suffix:	Unit: House number: 70 House suffix:
House name:		House name:
Address 1:	CEDARS ROAD	Address 1: COWCROSS STREET
Address 2:	BARNES	Address 2:
Address 3:	<u> </u>	Address 3:
Town:	LONDON	Town: LONDON
County:		County:
Country:	·	Country:
Postcode:	SW13 OHP	Postcode: ECIM 6EJ

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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				
Unit: House 21 House suffix:	authority about this application? Yes No				
House	If Yes, please complete the following information about the advice				
Address 1: CEDARS ROAD	you were given. (This will help the authority to deal with this application more efficiently).				
Address 2: BARNES	Please tick if the full contact details are not known, and then complete as much as possible:				
	Officer name:				
Address 3:					
Town: LONDON	Reference:				
County:					
Postcode (optional): SW13 OHP	Date (DD/MM/YYYY): (must be pre-application submission)				
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?				
Easting: Northing:					
Description:					
5. Description Of Your Proposal					
	vn on the decision letter, including the application reference number				
and date of decision in the sections below:	AT DEARFORY INCLUDING ALTERNITON				
TO ELEVAVATIONS, BASEMENT CONVERS	SION INCORPORATING FRONT AND				
DELETION HOUSE OND NEW DOOM	MER WINDOW AND THO RODELIGHTS.				
Reference number: 15 10795/HOT Date of decision: 29 Nay 2015 (Date must be pre-application submission) (DD/MM/YYYY)					
	3dD(1)(3D)(4)(4)(1111)				
Please state the condition number(s) to which this application related to the DV49 CONSTRUCTION METHOD	6.				
STATEMENT					
2.	/.				
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-again submission)					
Has the development been completed?					
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)					
6. Discharge Of Condition	-				
Place provide a full description and/or list of the materials/details	that are being submitted for approval:				
A construction reletion statement prepared by the contractor to address					
A constniction related statement prepared by the contractor to address the points of condition DV49. A construction Method Stament detailing the basement construction and its construction sequence.					
7. Part Discharge Of Condition(s)					
Are you seeking to discharge only part of a condition?					
If Yes, please indicate which part of the condition your application relates to:					
[] ·					

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.				
The original and 3 copies of a The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:				
The correct fee:				
9. 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.				
Signed - Applicant:	Or.signed - Agent:			
	Leonie Rtzgerald - Julian Conse Archite			
Date (DD/MM/YYYY):	Contraction to the contraction of the contraction o			
 				
16 10 7 1 2 0 15 (date cannot be pre-application)				
10. Applicant Contact Details	11. Agent Contact Details			
Telephone numbers	Telephone numbers			
Extension Country code: National number: number:	Extension Country code: National number: number:			
National number.	+ 44 0207 Z53 633 3			
Country code: Mobile number (optional):	Country code: Mobile number (optional):			
Codiny costs in substituting (cp. 1971)				
Country code: Fax number (optional):	Country code: Fax number (optional):			
Email address (optional):	Email address (optional):			
	leonie fitzgeralde je - architects. co. uk			
12. Site Visit				
Can the site be seen from a public road, public footpath, bridleway or other public land? Yes No				
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) Agent Applicant Other (if different from the agent/applicant's details)				
If Other has been selected, please provide:				
Contact name:	Telephone number:			

Email address: