

14/1488/DP36

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

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.

1. Applic	cant Name and Address
Title:	MR First name: GARETH
Last name:	GRAFIMS
Company (optional):	TIMLOR WIMPEY WEST LONDON
Unit:	House number: House suffix:
House name:	
Address 1:	STANGED HOUSE
Address 2:	STATION ROAD
Address 3:	
Town:	HOOK
County:	HAMPSHIRE
Country:	UNITED KINGDOM
Postcode:	RG 27 9PQ

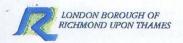
2. Agent	Name and Address
Title:	MR First name: DOHN
Last name:	CALTBL
Company (optional):	ARCHITECIUS LITO
Unit:	House number: House suffix:
House name:	CAPELLA HOUSE
Address 1:	4 RAILWAY APPROACH
Address 2:	
Address 3:	
Town:	Walthing
County:	WEST SUSSEX
Country:	UNITED KINGDOM
Postcode:	BNII IUR

Document Imaging

PHOTOCOPY
ORIGINAL

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 House suffix:	authority about this application?
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: FORMER INLAND REVENUE SITE	application more efficiently).
	Please tick if the full contact details are not known, and then complete as much as possible:
Address 2: BESSANT ORIVE	Officer name:
Address 3: KEW	
Town:	Reference:
County:	
Postcode (optional): TW9 40W	Date (DD/MM/YYYY):
Description of location or a grid reference.	(must be pre-application submission) Details of pre-application advice received?
(must be completed if postcode is not known):	Details of pre-application advice received.
Easting: Northing:	
Description:	
5. Description Of Your Proposal	
Please provide a description of the approved development as shown	
and date of decision in the sections below:	1,2 \$3 BEOROOM APARTMENTS (INCLIDED
27 AFFROARIE HOUSES 16% AND A GP SUR	1,2 \$3 BEOROOM APARTMENTS (INCLIONE GERY WITH ASSOCIATED SEMI- BASEMENT CAR OSCAPING & NEW ACLESS ARRANGEMENTS.
& CYCLE PARKING, OPEN SPACE, RAMSPACE, LAN	OSCAPING & NON ACCESS AREANGEMENTS.
	(Date must be pre-application
Please state the condition number(s) to which this application relate	
1. NS 10 - CLOSING OF EXISTING ACCESS	7.
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-application submission)
Has the development been completed?	Yes No
If Yes, please state when the development was completed (DD/MM/	(date must be pre-application submission)
5. Discharge Of Condition	
Please provide a full description and/or list of the materials/details th	at are being submitted for approval:
JNP DRAWING CB2887-DOOSF '	
20200 / 20-01	270 719,000 112
7. Part Discharge Of Condition(s)	
Are you seeking to discharge only part of a condition?	Yes No
f Yes, please indicate which part of the condition your application re	ates to:
	\$Date:: 2014-02-10 #\$ \$Revision: 5975 \$

the Local Planning Authority has been submitted. The original and 3 copies of a The completed and dated application form:		e original and 3 coples of other plans and drawings information necessary to describe the subject of the application:	
The correct fee:	X		
9. Declaration I/we hereby apply for planning permissio information. I/we confirm that, to the bes genuine opinions of the person(s) giving Signed - Applicant:	t of my/our knowledge, a	this form and the accompanying plans/drawings and additional ny facts stated are true and accurate and any opinions given are the	
	THE PARTY OF THE P	J. CARTEL	
Date (DD/MM/YYYY): 31 08 2017 (date can	not be pre-application)	(FOR ARCHITECUS, ON BEHALF OF THYLOR WIMPEY WEST LONDON).	
10. Applicant Contact Details Telephone numbers Country code: National number: Country code: Mobile number (optional	Extension number:	Telephone numbers Country code: National number: Description of the property	
Country code: Fax number (optional):		Country code: Fax number (optional):	
Email address (optional):		Email address (optional): John. carter @ architectus. co.v.k.	
12. Site Visit Can the site be seen from a public road, put f the planning authority needs to make an out a site visit, whom should they contact? f Other has been selected, please provide:	appointment to carry (Please select only one)	Agent X Applicant Other (if different from the agent/applicant's details)	
Contact name:		Telephone number:	



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Email address (optional):		Email address (optional): John. carter @ architectus. co.v.k.	
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Contact name:		Telephone number:	