

This form is specifically designed to be printed and completed offline. Please complete this form in block capitals using black ink to facilitate scanning.

You are advised to read the accompanying guidance notes and per-question help text.

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

## 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

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

## **Privacy Notice**

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This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to a Local Planning Authority in accordance with the legislation detailed on this form.

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 a 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:



**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

**Publication on Local 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.

1. Applic	ant Name and Address	2. Agent Name and Addre
Title:	First name:	Title: MR First nan
Last name:	HUTCHINSON 3G UK LID.	Last name: MARSHALL
Company (optional):	C/O WHP.	Company (optional): WHP.
Unit:	House number: House suffix:	Unit: House number:
House name:	STAR HOUSE	House name: HELENA A
Address 1:	20 GREEN FELL ROAD.	Address 1: TROY MILLS
Address 2:	MAIDEN HEAD.	Address 2: TROY ROAD
Address 3:		Address 3:
Town: along	BERKSHIRE	Town: LEEDS
County:		County: WEST YOR
Country:		Country:
	SL6 IEH.	Postcode: LS18 5GN

2. Agent Name and Address			
Title:	MR First name: RYAN		
Last name:	MARSHALL		
Company (optional):	WHP.		
Unit:	House number: House suffix:		
House name:	HELENA HOUSE		
Address 1: TROY MILLS			
Address 2:	TROY ROAD.		
Address 3:			
Town:	LEEDS		
County:	WEST YORKSHIRE		
Country:			
Postcode:	LS18 5GN.		

Version ECAB 2019.1

3. Site Address Details Please provide the full postal address of the application site.  Unit:	No the advice this			
Unit: House number: suffix: authority about this application?  House number: Suffix: If Yes, please complete the following information about you were given. (This will help the authority to deal with application more efficiently).  Address 2: London Brough of Richmon Address 3: Won Thames  Town: London County: Grafick London Postcode (optional): The Director of location or a grid reference. (must be completed if postcode is not known):  Easting: 514662 Northing: F3221  Description:  NEW TELECANS SITE.  Site Air: Site Air: Site Air: And Andress Apparatus to be installed or altered (e.g. call box, mast):  PROPSED PHASE & Monpole 2 On ACIL Clu URAPRO CABINET AT BASE AND ASSOCIATED ANCILLARY WORKS.	No the advice this			
Unit: number: suffix: suffix: lf Yes, please complete the following information about you were given. (This will help the authority to deal with application more efficiently). Please tick if the full contact details are not known, and then complete as much as possible:  Address 3: PON THAMES  Town: LONDON  County: GRATER LONDON  Description of location or a grid reference. (must be completed if postcode is not known):  Easting: 514682 Northing: F3221  Description:  NEW TELECONS SITE.  Site Autority: Site Autori	the advice this			
Address 1: MEADWAY, WHITON  Address 2: LONDW BROGH OF RICHMON  Address 3: WON THAMES  Town: LONDW  County: GREATER LONDW  Postcode (optional): TUZ GPH  Description of location or a grid reference. (must be completed if postcode is not known):  Easting: 514 6 82 Northing: I73221  Description:  NEW TELECONS SITE.  Site Address Specify the type of apparatus to be installed or altered (e.g. call box, mast):  PROPOSED PHASE & MONDOLE 20 OM AGT. CIW WRAPROLABINET AT BASE AND ASSOCIATED ANCILLARY WORKS.	this G			
Address 2: London Brogh of Richmon  Address 3: Upon Thames  Town: London  Postcode (optional): The County Bescription of location or a grid reference. (must be completed if postcode is not known):  Easting: 514682 Northing: F3221  Description:  NEW TELEGANS SITE.  5. Telecommunications Apparatus  Please specify the type of apparatus to be installed or altered (e.g. call box, mast):  PROPOSED PHASE & Monpole 20 OM AGA CIW WRAPRO GABINET AT BASE AND ASSOCIATED ANCILLARY WICKS.				
Address 3: UPDN THAMES  Town: LONDON  County: GREATER LONDON  Description of location or a grid reference. (must be completed if postcode is not known):  Easting: 514682 Northing: F3221  Description:  NEW TELECONS SITE.  Site Autority  Please specify the type of apparatus to be installed or altered (e.g. call box, mast):  PROPOSED PHASE & MONDOLE 20 OM AGE CIN WRAPROLABINET AT BASE AND ASSOCIATED ANCILLARY WORKS.				
Address 3: UPON THAMES  Town: LONDON  County: GREATER LONDON  Postcode (optional): TW2 GPH.  Description of location or a grid reference. (must be completed if postcode is not known):  Easting: 514 6 62 Northing: 173221.  Description:  NEW TELEGONS SITE.  Site Address 3: UPON THAMES  Officer name:  THE DIRECTOR OF PLANNING Reference:  (must be pre-application submission)  Details of pre-application advice received?  NO RESPONSE  FROM SITE.  Site Address 3: UPON THAMES  Date: (DD/MM/YYYY)  (must be pre-application submission)  Details of pre-application advice received?  NO RESPONSE  NO RESPONSE  ACTUMENTATION OF PLANNING Reference:  CABINET AT BASE AND ASSOCIATED ANCILLARY WORKS.				
County: GRCATER LOND  Postcode (optional): TW2 GPH  Description of location or a grid reference. (must be completed if postcode is not known):  Easting: 514682 Northing: F3221  Description:  NEW TELEGANS SITE  Site Additional State of postcode is not known (must be pre-application advice received?  NO RESPONSE  5. Telecommunications Apparatus  Please specify the type of apparatus to be installed or altered (e.g. call box, mast):  PROPOSED PHASE & MONDOLE 20 OM AGA CIW WRAPROLEABINET AT BASE AND ASSOCIATED ANCILLARY WORKS.				
Reference:    County:   GRCATER LONDN	12020			
Postcode (optional): TU2 6PH. Description of location or a grid reference. (must be completed if postcode is not known):  Easting: 514682 Northing: 173221  Description:  NEW TELEGANS SITE.  Site Additional paratus  Please specify the type of apparatus to be installed or altered (e.g. call box, mast):  PROPUSED PHASE & MONDOLE 20 OM AGL CIW WRAPRO CABINET AT BASE AND ASSOCIATED ANCILLARY WXKS.	12020			
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Easting: 514662 Northing: 173221  Description:  NEW TELECOMS SITE.  Site Address  Please specify the type of apparatus to be installed or altered (e.g. call box, mast):  PROPOSED PHASE 8 MONDONE 20 OM AGIL CIW WRAPRO CABINET AT BASE AND ASSOCIATED ANCILLARY WORKS.				
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5. Telecommunications Apparatus  Please specify the type of apparatus to be installed or altered (e.g. call box, mast):  PROPOSED PHASE & MONOPOLE 20:00M AGL CIW WRAPRO CABINET AT BASE AND ASSOCIATED ANCILLARY WORKS				
5. Telecommunications Apparatus  Please specify the type of apparatus to be installed or altered (e.g. call box, mast):  PROPUSED PHASE 8 MONOPOLE 20 OM AGL CIW WRAPROLICABINET AT BASE AND ASSOCIATED ANCILLARY WORKS.				
Please specify the type of apparatus to be installed or altered (e.g. call box, mast):  PROPUSED PHASE & MONOPOLE 20 OM AGIL CIW WRAPROL CABINET AT BASE AND ASSOCIATED ANCILLARY WORKS				
Please specify the type of apparatus to be installed or altered (e.g. call box, mast):  PROPUSED PHASE & MONOPOLE 20 OM AGL CIW WRAPRO.  CABINET AT BASE AND ASSOCIATED ANCILLARY WORKS.				
	QV			
Please provide further details of the apparatus (e.g. height, size, colour, etc):				
PHASE 8 MONOPOLE 20.0M - GALVANISED				
CABINETS - GREY STEEL				
CABINCIS SILE,				
Are you replacing an existing installation?				
If Yes, please provide further details of the existing apparatus (e.g. height, size, colour etc):				
N/A				
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.				
6. Supplementary Information 7. Neighbour and Community Consultation				
Are you also providing a completed Supplementary Information Template (as set out in Appendix D of the Code of Best Practice on the local community about the proposal?  Yes				
Mobile Phone Network Development)?	□ Na			
Yes No If Yes, please provide details:	□ Alo			
	Ū No			
THE PROPERTY OF THE PROPERTY O	No			
	Ū-No			
	₽ <del>No</del>			

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 invited the Local Planning Authority (LPA) has been submitted.					
The original and 3 copies* of a completed and dated prior notification	n form: The correct fee:				
The original and 3 copies of the location plan to a scale not less than	1:2500:				
*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.					
9. Declaration  I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.	nis form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the				
Signed - Applicant:	Or signed - Agent:				
	PP GNASall.				
Date (DD/MM/YYYY):	•				
(date cannot be pre-application)					
10. Applicant Contact Details	11. Agent Contact Details				
Telephone numbers  Extension	Telephone numbers Extension				
Country code: National number: Extension number:	Country code: National number: number:				
n song sam					
Country code: Mobile number (optional):	Country code: Mobile number (optional):				
Country code: Fax number (optional):	Country code: Fax number (optional):				
Contained Control					
Email address (optional):	Email address (optional):				
1. The state of the particular portrains and the state of	Marshalle Linptelesons. Com.				
12. Site Visit	washawan bila land?				
Can the site be seen from a public road, public footpath, bridleway of the planning authority needs to make an appointment to carry	Other different the forms the				
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:				
MR RYAN MARSHALL					
Email address: r. marshalle whiteless. com.					
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12 Site Visit					
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