Planning, Regeneration & Economy
Level 6, River Park House, 225 High Road, Wood Green, London N22 8HQ
Tel: 020 8489 1000 **Email:** planningcustomercare@haringey.gov.uk
www.haringey.gov.uk

Haringey Council

Haringey Council
Sustainability
Regeneration & Economy
09 MAR 2015
Received
River Park House
225 High Road N22 8HQ

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. Applicant Name and Address

Title:	MS
First name:	SARAH
Last name:	TIMEWELL
Company (optional):	NEWLON HOUSING TRUST
Unit:	
House number:	
House suffix:	
House name:	NEWLON HOUSE
Address 1:	4 DEANLAND WALK
Address 2:	HALE VILLAGE
Address 3:	
Town:	
County:	
Country:	
Postcode:	N17 9PE

2. Agent Name and Address

Title:	MISS
First name:	JOANNA
Last name:	ROGERS
Company (optional):	KSS DESIGN GROUP
Unit:	
House number:	
House suffix:	
House name:	1 JAMES STREET
Address 1:	
Address 2:	
Address 3:	
Town:	LONDON
County:	
Country:	
Postcode:	W1U 1DR

3. Site Address Details

Please provide the full postal address of the application site.

Unit: | House number: | House suffix:

House name: BROOK HOUSE

Address 1: 881 HIGH ROAD

Address 2:

Address 3:

Town: TOTTENHAM

County: LONDON

Postcode (optional): N17 8EY

Description of location or a grid reference.
(must be completed if postcode is not known):

Easting: | Northing:

Description:

4. 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: RICHARD TRUSCOTT / AARON LAU

Reference:

Date (DD/MM/YYYY):
(must be pre-application submission)

Details of pre-application advice received?

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:

Comprehensive redevelopment of the Brook House (former Cannon Rubber Factory site), including the erection of a 22 storey building (plus a part top Floor mezzanine) providing 100 residential units (use class C3) and 190 sqm of commercial floorspace (use class B1, D1 and D2), two buildings of 6 and 9 storeys respectively providing 101 residential units (use class C3) and a part 2/part 5 storey building comprising a 2,388 sqm 2 form entry primary school (use class D1) and 21 residential units (use class C3), together with associated car and cycle parking, refuse stores, highways, infrastructure, open space and landscaping works.

Reference number: HGY/2012/2178 Date of decision: 7.2.13 (Date must be pre-application submission) (DD/MM/YYYY)

Please state the condition number(s) to which this application relates:

1.	9 (contamination)	6.	
2.	16. (Green/Brown Roof)	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 that are being submitted for approval:

EVIDENCE ENCLOSED / PART CONDITION 9/16 HAS BEEN PART DISCHARGED. FURTHER INFORMATION FOR FULL APPROVAL ENCLOSED FOR BOTH ENCLOSED

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:

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 completed and dated application form: ☑

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: J Rogers.

Date (DD/MM/YYYY): 9.3.15 (date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:

Country code:	Mobile number (optional):

Country code:	Fax number (optional):

Email address (optional):

11. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:

Country code:	Mobile number (optional):

Country code:	Fax number (optional):

Email address (optional): Joanna.Rogers@kssgroup.com

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: Lisa Cowan

Telephone number: 0208 275 6430

Email address: Lisa.cowan@Gallifordtry.co.uk.