Planning, Regeneration & Economy
Level 6, River Park House, 225 High Road, Wood Green, London N22 8HQ
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www.haringey.gov.uk
Haringey Council

Application for Planning Permission.
Town and Country Planning 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:	MORTIMER
Company (optional):	
Unit:	
House number:	11
House suffix:	
House name:	FIRST FLOOR FLAT
Address 1:	WOOLASTON ROAD
Address 2:	
Address 3:	
Town:	LONDON
County:	
Country:	
Postcode:	N4 1SD.

2. Agent Name and Address

Title:	MR
First name:	TIM
Last name:	RENTON
Company (optional):	
Unit:	
House number:	43A
House suffix:	
House name:	
Address 1:	STANLEY GARDENS
Address 2:	CHISWICK
Address 3:	
Town:	LONDON
County:	
Country:	
Postcode:	W4 2SA

3. Description of the Proposal

Please describe the proposed development, including any change of use:

TO FORM A REAR DORMER APPROX 3M WIDE TO PROVIDE A BEDROOM SPACE IN THE ROOF. THIS ALONGSIDE A ROOF ACCESS AREA WITH STAIR.
TO MOVE THE BATHROOM TO INCREASE THE KITCHEN USABLE SIZE (INTERNAL ONLY).

Has the building, work or change of use already started? ☐ Yes ☑ No

If Yes, please state the date when building, work or use were started (DD/MM/YYYY): (date must be pre-application submission)

Has the building, work or change of use been completed? ☐ Yes ☑ No

If Yes, please state the date when the building, work or change of use was completed: (DD/MM/YYYY): (date must be pre-application submission)

4. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:	11	House suffix:	
House name:					
Address 1:	WOOLASTON ROAD				
Address 2:					
Address 3:					
Town:	NAILSEA				
County:					
Postcode (optional):	N4 1SD.				

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

Easting: Northing:

Description:

FIRST/ROOF MAISONETTE.
SINGLE OCCUPANCY.

5. 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:

Reference:

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

Details of pre-application advice received?

6. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway? ☐ Yes ☑ No

Is a new or altered pedestrian access proposed to or from the public highway? ☐ Yes ☑ No

Are there any new public roads to be provided within the site? ☐ Yes ☑ No

Are there any new public rights of way to be provided within or adjacent to the site? ☐ Yes ☑ No

Do the proposals require any diversions /extinguishments and/or creation of rights of way? ☐ Yes ☑ No

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawings(s)

7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste? ☐ Yes ☑ No

If Yes, please provide details:

Have arrangements been made for the separate storage and collection of recyclable waste? ☑ Yes ☐ No

If Yes, please provide details:

EXISTING COUNCIL BINS.

8. Authority Employee / Member

With respect to the Authority, I am:
(a) a member of staff
(b) an elected member
(c) related to a member of staff
(d) related to an elected member

Do any of these statements apply to you? ☐ Yes ☑ No

If Yes, please provide details of the name, relationship and role