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

Householder Application for Planning Permission for works or extension to a dwelling. 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:	MR
First name:	SURAPIT
Last name:	SINGH
Company (optional):	
Unit:	
House number:	2
House suffix:	
House name:	
Address 1:	HOLMDALE TERRACE
Address 2:	
Address 3:	
Town:	HARINGEY.
County:	
Country:	ENGLAND
Postcode:	N15 6PP.

2. Agent Name and Address

Title:	MR
First name:	JEROME
Last name:	
Company (optional):	
Unit:	
House number:	56
House suffix:	
House name:	
Address 1:	GLASSLYN ROAD
Address 2:	
Address 3:	
Town:	HARINGEY
County:	
Country:	ENGLAND
Postcode:	N8 8RH

3. Description of Proposed Works

Please describe the proposed works:

PROPOSAL TO EXCAVATE EXISTING BASEMENT [EXISTING 1.2M CLEAR HEIGHT] AND FORM FAMILY ROOM WITH TWO FRONT VENTILATION SHAFT AND ONE REAR VENTILATION TO REAR AND ADDITIONAL VENT UNDER KITCHEN FLOOR.

3. Description of Proposed Works (continued)

Has the work already started? ☐ Yes ☒ No

If Yes, please state when the work was started (DD/MM/YYYY): _____ (date must be pre-application submission)

Has the work already been completed? ☐ Yes ☒ No

If Yes, please state when the work 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:	2	House suffix:	
House name:					
Address 1:	HOLMDALE TERRACE				
Address 2:					
Address 3:					
Town:	HARINGEY,				
County:					
Postcode (optional):	N15 6PP				

5. 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

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

If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/ drawing(s):

6. 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 possible: ☐

Officer name:

Reference:

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

Details of the pre-application advice received:

7. Trees and Hedges

Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development? ☐ Yes ☒ No

If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:

Will any trees or hedges need to be removed or pruned in order to carry out your proposal? ☐ Yes ☐ No

If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s)/ drawing(s) and indicate the scale.

8. Parking

Will the proposed works affect existing car parking arrangements? ☐ Yes ☒ No

If Yes, please describe:

9. 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

10. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	FACING RED BRICKS	TO MATCH EXISTING	☐	☐
Roof			☒	☐
Windows			☒	☐
Doors			☒	☐
Boundary treatments (e.g. fences, walls)			☒	☐
Vehicle access and hard-standing			☒	☐
Lighting	TO	TO COMPLY WITH BUILDING CONTROL	☒	☐
Others (please specify)			☒	☐

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? ☒ Yes ☐ No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

DRAWING 3002/01A 02A 03A 04A 05A 06A 07A