

Application to determine if prior approval is required for a proposed: Demolition of Buildings

Town and Country Planning (General Permitted Development) (England) Order 2015 (as amended) - Sch 2, Part 11, Class B

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Local Planning Authority details:



London Borough of **Newham**
Development Control,
Newham Dockside, 1st Floor - West Wing,
1000 Dockside Road
Beckton E16 2QU



www.newham.gov.uk/planning

Email: development.control@newham.gov.uk Tel: 020 8430 2000

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. Applicant Name and Address

Title:	<input type="text"/>	First name:	<input type="text" value="Warren"/>		
Last name:	<input type="text" value="Myles"/>				
Company (optional):	<input type="text" value="London Borough of Newham"/>				
Unit:	<input type="text"/>	House number:	<input type="text"/>	House suffix:	<input type="text"/>
House name:	<input type="text" value="1st Floor, West Wing"/>				
Address 1:	<input type="text" value="Newham Dockside"/>				
Address 2:	<input type="text" value="Royal Docks"/>				
Address 3:	<input type="text"/>				
Town:	<input type="text" value="London"/>				
County:	<input type="text"/>				
Country:	<input type="text"/>				
Postcode:	<input type="text" value="E16 2QU"/>				

2. Agent Name and Address

Title:	<input type="text" value="Mrs"/>	First name:	<input type="text" value="Frances"/>		
Last name:	<input type="text" value="Young"/>				
Company (optional):	<input type="text" value="DLP Planning Ltd"/>				
Unit:	<input type="text" value="107"/>	House number:	<input type="text"/>	House suffix:	<input type="text"/>
House name:	<input type="text" value="Clerkenwell Workshops"/>				
Address 1:	<input type="text" value="27-31 Clerkenwell Close"/>				
Address 2:	<input type="text" value="Farringdon"/>				
Address 3:	<input type="text"/>				
Town:	<input type="text" value="London"/>				
County:	<input type="text"/>				
Country:	<input type="text"/>				
Postcode:	<input type="text" value="EC1R 0AT"/>				

3. Site Address Details

Please provide the full postal address of the application site.

Unit:	<input type="text"/>	House number:	<input type="text" value="2-16"/>	House suffix:	<input type="text"/>
House name:	<input type="text" value="Garages and Adjoining Land"/>				
Address 1:	<input type="text" value="Forest View Road"/>				
Address 2:	<input type="text"/>				
Address 3:	<input type="text"/>				
Town:	<input type="text" value="London"/>				
County:	<input type="text"/>				
Postcode (optional):	<input type="text" value="E12 5HU"/>				
Description of location or a grid reference. (must be completed if postcode is not known):					
Easting:	<input type="text"/>	Northing:	<input type="text"/>		
Description: <input type="text"/>					

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:

Reference:

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

Details of pre-application advice received?

5. Proposed Demolition Works

Please describe the building(s) to be demolished:

Proposed demolition of 16 garages and 16 pram sheds as detailed in the cover letter.

Please state why demolition needs to take place:

Initial works prior to implementing approved residential scheme.

Please describe the proposed method of demolition:

Please see Demolition Method Statement.

Please provide details of the proposed restoration of the site:

Please see cover letter

Please state the expected date of commencement of works (DD/MM/YYYY): DATE MUST BE POST SUBMISSION

Please state the expected date of completion of works (DD/MM/YYYY): DATE MUST BE POST SUBMISSION

Are there any public rights of way within the site or immediately adjoining the site? ☐ Yes ☒ No

Is redevelopment or rebuilding proposed at a later date? ☒ Yes ☐ No

Does the proposal involve the felling or pruning of any tree(s)? ☐ Yes ☒ No

If Yes, please show details on a plan and provide the reference number of the plan(s):

1.		4.	
2.		5.	
3.		6.	

Please describe how and where spoil/rubble would be disposed:

Please see Demolition Method Statement

6. 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 (LPA) has been submitted.

The original and 3 copies* of a completed and dated application form:

☐

The correct fee:

☐

The original and 3 copies* of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North:

☐

A statement that a site notice has been posted in accordance with B.2

(b) (iv) of Part 11 of Schedule 2 to the General Permitted Development Order 2015:

☐

In cases where the building is not a community asset and is used for a purpose falling within Class A4 (drinking establishments) of the Schedule to the Use Classes Order, a written request to the local planning authority as to whether the building has been nominated:

☐

*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.

7. 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:

Warren Myles

Or signed - Agent:

Date (DD/MM/YYYY):

10.09.2021

(date cannot be pre-application)

8. Applicant Contact Details

Telephone numbers

Country code:

44

National number:

7985 696095

Extension number:

Country code:

44

Mobile number (optional):

7985 696095

Country code:

Fax number (optional):

Email address (optional):

warren.myles@newham.gov.uk

9. Agent Contact Details

Telephone numbers

Country code:

44

National number:

203 761 5390

Extension number:

Country code:

Mobile number (optional):

Country code:

Fax number (optional):

Email address (optional):

frances.young@dlpconsultants.co.uk

10. 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:

Telephone number:

Email address: