



Planning Service
London Borough of Lewisham
Laurence House
1 Catford Road
London
SE6 4RU

Telephone: 020 8314 7400
Fax: 020 8314 3127
e-mail: planning@lewisham.gov.uk

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:	MR	First name:	DAVID		
Last name:	GORMAN				
Company (optional):	RISE DEVELOPMENTS LTD				
Unit:	16	House number:		House suffix:	
House name:	METRO BUSINESS CENTRE				
Address 1:	KANGLEY BRIDGE ROAD				
Address 2:	LOWER SYDENHAM				
Address 3:					
Town:	LONDON				
County:	LONDON				
Country:	ENGLAND				
Postcode:	SE26 5BW				

2. Agent Name and Address

Title:		First name:			
Last name:					
Company (optional):					
Unit:		House number:		House suffix:	
House name:					
Address 1:					
Address 2:					
Address 3:					
Town:					
County:					
Country:					
Postcode:					

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

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:

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:

CONSTRUCTION OF A SINGLE STOREY REAR EXTENSION AT 11 BROCKLEY RISE, SE 23 IN CONNECTION WITH THE ALTERATION AND CONVERSION TO PROVIDE ONE + BEDROOM & 1 X TWO BEDROOM SELF CONTAINED FLATS, + SHOP

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

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

1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.	(a) PRIOR TO 1ST OCCUPATION, FULL DETAILS OF CYCLE PARKING FACILITIES SHALL BE SUBMITTED IN WRITING FOR APPROVAL.	10.	<input checked="" type="checkbox"/>

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:

2 NO DOUBLE FLOOR MOUNTED CYCLE RACKS AS PHOTOS 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. * Credit/ debit card & BACS payments can be made by telephone on 020 8314 7400

The original copy of a completed and dated application form:

The original copy 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

[Redacted Signature]

Or signed - Agent:

Date (DD/MM/YYYY):

06/10/2023

(date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code: National number:

[Redacted]

Extension number:

Country code: Fax number (optional):

Email address (optional):

[Redacted]

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):

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:

DAVID GORMAN

Telephone number:

[Redacted]

Email address:

[Redacted]