



## Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) Act 1990

## Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended).

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

## Local Planning Authority details:



Email: planning@camden.gov.uk

Phone: 020 7974 4444 Fax: 020 7974 1680 Development Management Camden Town Hall Extension Argyle Street London WC1H 8EQ

## Publication of applications on 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.

If printed, please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your application.

Applicant Name and Address						
Title:	Mr First name: Chris					
Last name:	Carter					
Company (optional):						
Unit:	House number: 1 House suffix:					
House name:						
Address 1:	Balmore Street					
Address 2:						
Address 3:						
Town:	London					
County:						
Country:						
Postcode:	N19 5DA					

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2. Agent Name and Address								
Title:	Mr	First name:	Thomas					
Last name:	Feary							
Company (optional):	Studio 163	3 Architects						
Unit:		House number:		House suffix:				
House name:								
Address 1:	4 Meadow	Rise Road						
Address 2:								
Address 3:								
Town:	Norwich							
County:								
Country:								
Postcode:	NR2 3QE							

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3. Site Address Details	4. Pre-application Advice					
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local					
Unit: House 1 House suffix:	authority about this application? Yes V					
House name:	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this					
Address 1: Balmore Street	application more efficiently).  Please tick if the full contact details are not					
Address 2:	known, and then complete as much as possible:					
Address 3:	Officer name:					
Town:	Reference:					
County: London						
Postcode (optional): N19 5DA	Date (DD/MM/YYYY): (must be pre-application submission)					
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?					
Easting: Northing:						
Description:						
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:  Replacement of existing rear extension with new single storey rear extension, new single storey side extension and a masonry						
boundary wall along the eastern boundary.						
Reference number: 2023/1042/P Date of decision:	(Date must be pre-application					
Please state the condition number(s) to which this application relat	9 August 2023 (DD/MM/YYYY) submission) (DD/MM/YYYY)					
1.	6.					
2.	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/MN	(date must be pre-application submission)					
6. Discharge Of Condition						
Please provide a full description and/or list of the materials/details	· · · · · · · · · · · · · · · · · · ·					
Species for planting up against wall are included in 1043	-DR-3100-P04.					
7 Part Discharge Of Condition(s)						
7. Part Discharge Of Condition(s)  Are you seeking to discharge only part of a condition?  Yes V No						
Are you seeking to discharge only part of a condition?  If Yes, please indicate which part of the condition your application relates to:						

	e you have sent all the tion being deemed inv	information in support of your proposal. Failure to so alid. It will not be considered valid until all information	
The original and 3 copies* of a completed and dated application form:	The c or inf	original and 3 copies* of other plans and drawings formation necessary to describe the subject of the ap	plication: 🗸
The correct fee:			
otal of four copies), unless the application is su	ubmitted electronically n electronic format by p	ginal plus three copies of the form and supporting do or, the LPA indicate that a smaller number of copies post (for example, on a CD, DVD or USB memory stick nning department to discuss these options.	is required.
P. Declaration /we hereby apply for planning permission/connformation. I/we confirm that, to the best of megenuine opinions of the person(s) giving them. Signed - Applicant:	y/our knowledge, any	is form and the accompanying plans/drawings and a facts stated are true and accurate and any opinions g  Or signed - Agent:	dditional iven are the
		The	
Date (DD/MM/YYYY):  14.1.25 (date cannot be	e pre-application)		
10. Applicant Contact Details		11. Agent Contact Details	
Telephone numbers		Telephone numbers	
Country code: National number:	Extension number:	Country code: National number:	Extension number:
Country code: Mobile number (optional):		Country code: Mobile number (optional):	
Country code: Fax number (optional):		Country code: Fax number (optional):	
Email address (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	
f the planning authority needs to make an appout a site visit, whom should they contact? ( <i>Plea</i>	ointment to carry ase select only one)		fferent from the licant's details)
f Other has been selected, please provide: Contact name:		Telephone number:	
Contact Hame.		relephone number.	

Email address: