2013 3584/man 000

Email:

planning@camden.gov.uk

Phone: Fax: 020 7974 4444 020 7974 1680 Development Management Camden Town Hall Extension Argyle Street

London WC1H 8EQ

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	2. Agent Name and Address
Title: First name: DAVID	Title: MR First name: MATTHOW
Last name: YOVN 4	Last name: POVITER
Company (optional): VNIVERSTRY LOWER LONDAY	Company (optional): LENTT BERNSTEIN
Unit: House number: House suffix:	Unit: House House suffix:
House name:	House name:
Address 1: UCLESTATE 5	Address 1: MNGSLAND PASSAGE
Address 2: GAVER STREET	Address 2:
Address 3:	Address 3:
Town: LONDON	Town: LONDAV
County:	County:
Country:	Country:
Postcode: WCIE 6BT	Postcode: FG 2BB

3. Site Address Details	A Dro application Advise
Please provide the full postal address of the application site.	4. Pre-application Advice  Has assistance or prior advice been sought from the local
Unit: House number: 24-36 House suffix:	authority about this application?  Yes No
House JAN DODGSON HOUSE	If Yes, please complete the following information about the advice
Address 1: BIDBOROVG14 STREET	you were given. (This will help the authority to deal with this application more efficiently).
Address 2:	Please tick if the full contact details are not known, and then complete as much as possible:
Address 3:	Officer name:
Town: LONDON	CONOR MC DONAGH  Reference:
County:	ACICICILE.
Postcode (optional): WC1H1BL	Date (DD/MM/YYYY):
Description of location or a grid reference.	(must be pre-application submission)
(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 of the second
HEREETION OF A TWO STOREY EX	TENSION TO A CCOMMODATE
199 STUDENT BEDROOMS+7 SHAY	RED KYTCHENS (SUI GENERIS)
Reference number: 20(2/0917/P Date of decision:	4 5 2 (Date must be pre-application submission) (DD/MM/YYYY)
Please state the condition number(s) to which this application relates	S:
1 2- CLADDING MATERIALS	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):	016812 (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	at are being submitted for approval:
VERTICAL PLANIC PANELS	
RAINSCREEN CLADDING	
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 rela	ates 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.		
The original and 3 copies of a Completed and dated application form:  The original and 3 copies of a Completed and dated application form:	original and 3 copies of other plans and drawings of ormation 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 genuine opinions of the person(s) giving them.  Signed - Applicant:  Or signed - Agent:  Date (DD/MM/Y/YY):  O4 06 2013 (date cannot be pre-application)		
Telephone numbers  Country code:  O20  Country code:  Mobile number (optional):  Country code:  Fax number (optional):  Email address (optional):  AMA · YONG WVC · AC·VC	Telephone numbers  Country code: National number: Extension number:  Country code: H275 H6 G  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  Matthew Porteral Puttlemson	
12. Site Visit	· Co.uk	
Can the site be seen from a public road, public footpath, bridleway or f the planning authority needs to make an appointment to carry but a site visit, whom should they contact? (Please select only one) f Other has been selected, please provide:	Agent Applicant Other (if different from the agent/applicant's details)	
Contact name:	Telephone number:	
IV   F)		

matthew.poulter@levittbernstein.co.ut

Email address: