20B 31R3 Mema/



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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. Applic	ant Name and Address	2. Agent Name and Address
Title:	First name:	Title: MZ. First name: BEFNARD
Last name:		Last harde: Q'DP15LOLL
Company (optional):	GENTOSS DEVELOPMENT ITD	(apprional): DVAL BUILDING DESIGNS MD
Unit:	House number: H/15 House suffix:	Unit: Ouse number: 91 House suffix:
House name:	number: A/15 nouse suffix: Sulfiture	Unit: Ouse number: O House suffix:
Address 1:	COLFEE CARCET	Addings I PALMERSTON POAD
Address 2:		Address 2:
Address 3:		Address 3:
Town:	GNAS COFTACE	Town: BONES PAFF
County:	LONDON	County: VONTON
Country:		Country:
Postcode:	NW3 5LL	Postcode: NZZ 895

Address 2:  Address 3:  Town:  Please provide the full postal address of the application site.  House number: House contact.  Address 3:  DWWS COTTACT.	4. Pre-application Advice  Has assistance or prior advice been sought from the local authority about this application?  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:			
County: DNTON  Postcode (optional): NW3 511  Description of location or a grid reference. (must be completed if postcode is not known):  Easting: Northing: Description:	Reference:  Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received?			
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:  OHANGE OF VIET FOR CATALON AT GROUND HOOK LEVEL AND ALL PROPERTY OF THE STATE OF THE ST				
Has the development already started?  If Yes, please state when the development started (DD/MM/YYYY):  Has the development been completed?  If Yes, please state when the development was completed (DD/MM/YYYY):  Yes No  If Yes, please state when the development was completed (DD/MM/YYYY):    Way 11				
6. Discharge Of Condition  Please provide a full description and/or list of the materials/details that are being submitted for approval:  ###################################				
7. Part Discharge Of Condition(s)  Are you seeking to discharge only part of a condition?  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 required will result in your application being deemed invalid. the Local Planning Authority has been submitted.  The original and 3 copies of a completed and dated application form:  The correct fee:	ormation in support of your proposal. Failure to submit all It will not be considered valid until all information required by anal and 3 copies of other plans and drawings		
completed and dated application form: or information	and 3 copies of other plans and drawings		
	nation necessary to describe the subject of the application:		
9. Declaration  I/we hereby apply for planning permission/consent as described in this for information. I/we confirm that, to the best of my/our knowledge, any facts genuine opinions of the person(s) giving them.  Signed - Applicant:  Or s  Date (DD/MM/YYYY):  (date cannot be pre-application)	orm and the accompanying plans/drawings and additional so stated are true and accurate and any opinions given are the signed - Agent:		
10. Applicant Contact Details	1. Agent Contact Details		
Telephone numbers  Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Country code: Fax number (optional):	Extension number:  ODO BOBB 1338  Country code: Mobile number (optional):  O7961 398 385  Country code: Fax number (optional):  OZO BOBB 1338  mail address (optional):  WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW		
12. Site Visit	,		
Can the site be seen from a public road, public footpath, bridleway or other	er public land?		
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? ( <i>Please select only one</i> )	Agent Applicant Other (if different from the agent/applicant's details)		
f Other has been selected, please provide:			
	lephone number:		

Email address: