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:	MR First name	
Last name:		Last name:	NORTON	
Company (optional):	ELPO DEVELOPMENTS LIMITED	Company (optional):	NORTON MAYFIELD A	
Unit:	House number: 230 House suffix: B	Unit:	House number:	
House name:		House name:		
Address 1:	GOLDERS GREEN ROAD	Address 1:	SPACEWORKS	
Address 2:		Address 2:	HARLAND WORKS	
Address 3:		Address 3:	JOHN STREET	
Town:	LONDON	Town:	SHEFFIELD	
County:		County:		
Country:		Country:		
Postcode:	NW11 9AT	Postcode:	S2 4QU	

Title:	MR	First name:	ALASTAIR	
Last name:	NORTON			
Company (optional):	NORTON MAYFIELD ARCHITECTS			
Unit:	House number: House suffix:			
House name:				
Address 1:	SPACEWORKS			
Address 2:	HARLAND WORKS			
Address 3:	JOHN STREET			
Town:	SHEFFIELD			
County:				
Country:				
Postcode:	S2 4QU			

3. Site Address Details		1 1		ration Advice	
Please provide the full postal address of the application site. House 29.24 House				r prior advice been sought from the local this application?	
Unit: House	number: 28-34	suffix:	If Von	nlagga aan	
name:			you w	ere given.	mplete the following information about the advice (This will help the authority to deal with this
Address 1:	FORTESS ROAD				e efficiently). full contact details are not
Address 2:					n complete as much as possible:
Address 3:			Office	r name:	
Town:	LONDON		Refere	ence:	
County:					
Postcode (optional):	NW5 2HB				Date (DD/MM/YYYY):
Description	of location or a grid reference. mpleted if postcode is not known)):	11,		plication submission) pplication advice received?
Easting:	Northing:				,
Description	:				
 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: Change of use and works of conversion from offices (Class B1) to 9 x residential units (5 x 1-bedroom; 3 x 2-bedroom and 1 x 3-bedroom) at 1st to 4th floors (Class C3) including mansard roof extension, glazed screens to balconies and terraces to rear elevation, infill extension at 					
	d and first floor levels, alterations to	_			
Reference n	umber: 2012/1683/P	Date of decision:	15/02/2	013	(Date must be pre-application submission) (DD/MM/YYYY)
Please state	the condition number(s) to which	่ า this application relate	es:		
1. 2	(A, B, D and E)		6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		
Has the dev	velopment already started?			Yes	⋈ No
If Yes, pleas	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: Drawings 1117-A-601 and 605. Slate sample to be sent by post separately.					
2. a.m.gs					
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:					
Part 2(A,B,D and E)					

B. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all th information required will result in your application being deemed in the Local Planning Authority has been submitted.	e information in support of your proposal. Failure to submit all avalid. It will not be considered valid until all information required by			
The original and 3 copies of a Completed and dated application form:	e original and 3 copies of other plans and drawings information necessary to describe the subject of the application:			
The correct fee:				
/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. Or signed - Applicant:				
21/02/2013 (date cannot be pre-application)				
Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Telephone numbers Country code: National number: O114			
12. Site Visit Can the site be seen from a public road, public footpath, bridleway of the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) of Other has been selected, please provide:	Agent Applicant Other (if different from the agent/applicant's details)			
Contact name:	Telephone number:			

Email address: