

Email:

planning@camden.gov.uk

Phone:

020 7974 4444

Fax:

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.

2. Agent Name and Address			
Title: IMパ First name: 「フモンゼ			
Last name: TAHLON			
Company (optional): NETWORK FAIL INVICANTICUTIONS LTW			
Unit: House House suffix:			
House name:			
Address 1: 1 ENTERMOLT STREET			
Address 2:			
Address 3:			
Town: LONGON			
County:			
Country:			
Postcode: NW120N			

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3. Site Address Details				e-applicati			
Please provide the full postal address of the application site. House House				Has assistance or prior advice been sought from the local authority about this application?			
Unit:	number:	suffix:				Yes No	
House name:	KINSI CROSS STA	"lion	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1:	EUSTON ROALS		applica	ation more eff	ficiently).	to dear with this	
Address 2:					contact details are not mplete as much as poss	ible:	
			l I	r name:	, <u></u>		
Address 3:					MILL/CHANGES	THUMBE	
Town:	LONDON		Refere			77.00	
County:					·		
Postcode (optional):	NIGAP		Date (DD/MM/YYYY):				
Description	of location or a grid reference.		1		ation submission)		
[ompleted if postcode is not known):				cation advice received?	0.000	
Easting:	Northing:			kind tee	GULAR CONVE	RIA 11000	
Description	1;						
Flease 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: REVERSIMENT OF KINS I CROM STATION							
Reference r	number:	Date of decision:			(Date must be pre-appli submission) (DD/MM/Y	cation	
Please state	e the condition number(s) to which	ا this application relate	s:			1 11)	
1. (0100 8 - CCT	V	6.				
2.	ONDITION ZO AXIV-	SIGNAGE	7.				
3.			8.				
4.			9.				
5.			10.				
Has the dev	velopment 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?							
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:							
SUE ATT COUR LETTER							
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:							
Sitt Could Litter							

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8. 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 valid. It will not be considered valid until all information required by
The original and 3 copies of a completed and dated application form:	original and 3 copies of other plans and drawings nformation necessary to describe the subject of the application:
The correct fee:	
9. Declaration I/we hereby apply for planning permission/consent as described in to information. I/we confirm that, to the best of my/our knowledge, and genuine opinions of the person(s) giving them. Signed - Applicant: Date (DD/MM/YYYY): (date cannot be pre-application)	this form and the accompanying plans/drawings and additional y facts stated are true and accurate and any opinions given are the Or signed Agent:
10. Applicant Contact Details	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):	Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Steven taylor when we fail. Co. Me
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) If Other has been selected, please provide: Contact name:	or other public land? Yes No Agent Applicant Other (if different from the agent/applicant's details) Telephone number:

Email address: