

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.

1. Applicant Name and Address				
Title:	First name:			
Last name:				
Company (optional):	ABCORP PROPERTY CO. LTD			
Unit:	House number: 16 House suffix:			
House name:				
Address 1:	FINCHLEY ROAD			
Address 2:				
Address 3:				
Town:	LONDON			
County:	,			
Country:	UNITED KINGDOM			
Postcode:	ŃW8 6EB			

z. Agenti	vaille a	nd Address	
Title:		First name:	JON
Last name:	EVANS		
Company (optional):	MDC LONDON		
Unit:	66	House number:	House suffix:
House name:	BICKENHALL MANSIONS		
Address 1:	BICKENHALL STREET		
Address 2:			
Address 3:			
Town:	WESTMINSTER		
County:	LONDON		
Country:	UNITED KINGDOM		
Postcode:	W1L	J 6BX	

			A Pre-applic	ation Advice
3. Site Address Details  Please provide the full postal address of the application site.			Has assistance o	r prior advice been sought from the local
House 3 3 A 8 5 House		authority about	this application? Yes / N	
House	number: 0, 0/4 & 0	Sumx:		mplete the following information about the adv
name:	HARLEY ROAD		you were given. application more	(This will help the authority to deal with this e efficiently).
Address 1:	HARLET ROAD		Please tick if the	full contact details are not
Address 2:				r complete as much as possible:
Address 3:			Officer name:	
Town:			Reference:	
County:	LONDON		nererence.	
Postcode	NW3 3BX			Date (DD/MM/YYYY):
(optional): Description	of location or a grid reference.			plication submission)
	mpleted if postcode is not known):		Details of pre-ag	oplication advice received?
Easting:	Northing:			
Description:			A de la companya de l	
	otion Of Your Proposal	levelonment as show	n on the decision le	tter, including the application reference number
and date of	decision in the sections below:			
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	EGRATED STAFF FLAT, INTEGR			
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	2009/0779/P	Data of decision:	20/05/2010	(Date must be pre-application
Reference no		Date of decision:	20/05/2010	
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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 walld. It will not be considered valid until all information required by		
The original and 3 copies of a The 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 the 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:		
	(11 Arout Coutact Datails		
10. Applicant Contact Details	11. Agent Contact Details		
Telephone numbers  Extension Country code: National number: number:	Telephone numbers  Country code: National number:  D20 7486 6675  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):  Jon.Evans@MDCLondon.com		
12. Site Visit			
Can the site be seen from a public road, public footpath, bridleway o	or other public land? Yes No		
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Agent Applicant Other (if different from the agent/applicant's details)		
If Other has been selected, please provide:  Contact name:	Telephone number:		
Email address:			