

Email: Phone: planning@camden.gov.uk

Fax:

020 7974 4444

020 7974 1680

2012/6849/P & 2012/6850/L

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

aublication 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 ority's website. If you require any further clarification, please contact the Authority's planning department.

lease complete using block capitals and black ink.

is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

T. Applic	ant Name and Address	2. Ag
ritle:	First name:	Title:
Last name:	BEOKDIE	Last na
company (optional):		Compa (option
Unit:	House number: 40 House suffix:	Unit:
House ame:		House name:
ddress 1:	NEW END SQ.	Addres
ddress 2:		Addres
Address 3:		Addres
Town:	ronpon	Town:
County:		County
ountry:	U. (L.	Countr
ostcode:	NW3 1LS	Postco

2. Agent	Name and Address				
Title:	MP First name: TED				
Last name:	WALTERS				
Company (optional):	WAYERS CONSUCTANCY LTD.				
Unit:	House number: 109 House suffix:				
House name:					
Address 1:	CASTLEHAVEN RD				
Address 2:					
Address 3:					
Town:	LON DON				
County:					
Country:	U.K.				
Postcode:	NW1 855				

3. Site Address Details	4. Pre-application Advice
ease provide the full postal address of the application site.	Has assistance or prior advice been sought from the local
nit: House House suffix:	authority about this application?
House ame:	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
*ddress 1: NEW END SQ -	application more efficiently).
	Please tick if the full contact details are not known, and then complete as much as possible:
^ddress 2:	
Address 3:	Officer name:
Town: LONDON	MR ALAN WITO
Country	Reference:
County:	CA /2011/ENQ / 05200
rostcode (optional): NW3 1L5	Date (DD/MM/YYYY): (must be pre-application submission) 05/09/2011
escription of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?
	SEE ATTACHED COPIESOF EMAILS.
Easting: Northing:	I. PRE APPL. ADVISE SEPT. 2011
escription:	7 1 2. SITE VISIT DURING CONSTRUCTION NOW 2012
5. Jescription Of Your Proposal	
	own on the decision letter, including the application reference number
and date of decision in the sections below:	Trans of an additional store, about quality small
che the near actuary to additional 25 bren	closed wing externon; creation of Lightwell a
it is a lead index and reliace in	midow with French doors Dream Gd Floor (C3).
Pron 1) Basement reper countries at the power of	(Determine he was application
neference number: 2011/5214/P Date of decision	n: Zo/12/2011 (Date must be pre-application submission) (DD/MM/YYYY)
lease state the condition number(s) to which this application rel	lates: USTED BULLDING COMPITTON
1. The development commenced 3/4/2012	2. 1. %. Work has commenced.
2. Side windows on 1st+2ud non opening and	1 2 th c) New window details attached.
3. Glazing details to pichine window + sample	a d) French door details attached.
4. As por the downers.	9. 2). Section through flowing.
An orderer to makehoristing in funch'	10.
Has the development already started?	Yes No
If Yes, please state when the development started (DD/MM/YYYY	Y): $03/ou/co/2$ (date must be pre-application submission)
Has the development been completed?	Yes No
	(data must be are application
If Yes, please state when the development was completed (DD/N	vivi/YYYY): submission)
6. Discharge Of Condition	
Nessa provide a full description and/or list of the materials/detail	ils that are being submitted for approval:
Details of windows to study + Batherson	of Rear Extension DRG No. NEGO. 002. The of Obsuse glass for 1st+2nd from windows.
Debut O Fregal windows (6) Same	ale of obsuse dase for 1st+ 2nd from windows.
copact) of french stratus, (3) confi	the of our feet, the
7. Part Discharge Of Condition(s)	
Are you seeking to discharge only part of a condition?	Yes No
Are you seeking to discharge only part of a condition? If Yes, please indicate which part of the condition your application.	
PLANNING CONDITIONS: 1,2,3,4,5.	
TLISTED BUILDING (MPITTONS: 1,20,7	1d 2 = 3 REMANS. (28.

8. Planning Application Require ease read the following checklist to mainformation required will result in your age Local Planning Authority has been su	ke sure you have sent all the oplication being deemed inv	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:	The o	original and 3 copies of other plans and drawings formation necessary to describe the subject of the application:
ne correct fee:		
y. Declaration we hereby apply for planning permission information. I/we confirm that, to the best denuine opinions of the person(s) giving	t of my/our knowledge, any	nis form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the
Signed - Applicant:		Or signed Agent:
		Confirment
Date (DD/MM/YYYY):	nnot be pre-application)	
10. Applicant Contact Details		11. Agent Contact Details
elephone numbers		Telephone numbers
ntry code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Extension number:	Country code: National number: Country code: Mobile number (optional): OOUNTY CODE: Fax number (optional): Email address (optional): Led. waltera bluegonder. co, uk.
2. Site Visit		
an the site be seen from a public road, p	The state of the s	
If the planning authority needs to make a ut a site visit, whom should they contact	t? (Please select only one)	Agent Applicant Other (if different from the agent/applicant's details)
If Other has been selected, please provid	e:	Telephone number:
set name.		relegione name:
mail address:		