

Planning Services Camden Town Hall Argyle Street London WC1H 8EQ

Email (enquiries only): env.devcon@camden.gov.uk

Telephone

Fax

: 020 7974 1911 : 020 7974 5713 For office use

Date

Payee App. No.

Fee

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:	MR. First name: EDWARD	Title: HS First name: PATPLCLA
Last name:	8MITH	Last name: PATEL
Company (optional):	OCTAMA HOUSING AND CARE	Company PITA POLLARD THOMAS : AND (optional): PITA EDWARDS ARCHITECTS
Unit:	House House suffix:	Unit: House House suffix:
House name:	FMILY HOUSE	House name: DIESPEKER WHARF
Address 1:	202-208 KENSAL ROAD	Address 1: 38 GRAHAM ST.
Address 2:		Address 2:
Address 3:		Address 3:
Town:	LONDON	Town: LONDON
County:		County:
Country:	UK	Country: UK
Postcode:	W 10 5BN	Postcode: N1 8JX

3. Site Address Details	4. Pre-application Advice			
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?			
Unit: House House number: suffix:	authority about this application? Yes No *,			
House name: OHUE AND DOUGLAS WALTE HOUSE	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).			
Address 1: 73-79 PRIORY ROAD	Please tick if the full contact details are not			
Address 2:	known, and then complete as much as possible: Officer name:			
Address 3:	BETHANY ARBORY			
Town: LOWDON	Reference:			
County: UK	2009 1534 P (FRE APP 2008 1248)			
Postcode NWG 3NJ	Date (DD/MM/YYYY): (must be pre-application submission) 17 04 08			
Description of location or a grid reference.	(must be pre-application submission)			
(must be completed if postcode is not known):	Details of pre-application advice received?			
Easting: Northing:	PRE APPLICATION MEETING REPORT			
Description:	17 APRIL 2008 2008/1248			
5. Description Of Your Proposal				
Please provide a description of the approved development as show and date of decision in the sections below:	wn on the decision letter, including the application reference number			
and date of decision in the sections below.				
Reference number: 2009 /1534 /P Date of decision:	(Date must be pre-application submission) (DD/MM/YYYY)			
Please state the condition number(s) to which this application rela	ites:			
1. CONDITION B	6.			
2.	7.			
3.	8.			
4.	9.			
5.	10.			
Has the development 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?	Yes No			
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)				
C. Dischause Of Condition				
6. Discharge Of Condition Please provide a full description and/or list of the materials/detail.	s that are being submitted for approval:			
CONDITION 13 - LANDSCAPING - TO DE DISCHARGED PRIOR TO OCCUPATION				
OF PHASE 2				
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:				

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8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all to information required will result in your application being deemed if the Local Planning Authority has been submitted.	he information in support of your proposal. Failure to submit all nvalid. It will not be considered valid until all information required by		
The original and 3 copies of a completed and dated application form: 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:			
9. Declaration I/we hereby apply for planning permission/consent as described in information. I/we confirm that, to the best of my/our knowledge, a 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 ny facts stated are true and accurate and any opinions given are the Or signed - Agent: (PTEA ·).		
10. Applicant Contact Details	11. Agent Contact Details		
Telephone numbers	Telephone numbers		
Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional):	Country code: National number: O207 336 7777		
Email address (optional):	Email address (optional): + vicia. patel @ptea. (0.4		
12. Site Visit			
Can the site be seen from a public road, public footpath, bridleway	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 planning of			
If Other has been selected, please provide: Contact name:	Tolophone number		
PATRICLY PATEL	Telephone number: 0707 336 7777		

tricia. patel @ ptea. co.uk

Email address:

