

Planning Services
Camden Town Hall
Argyle Street
London WC1H 8EQ

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Telephone : 020 7974 1911
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For office use
Date
Payee
App. No.

Fee

Application for approval of reserved matters following outline approval.

Article 5, Town and Country Planning (Development Management Procedure) (England) Order 2010

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:	MR	First name:	IVAN
Last name:	CHRISTMAS		
Company (optional):	LONDON BOROUGH OF CAMDEN		
Unit:	House number:	House suffix:	
House name:	33-JAMESTOWN ROAD.		
Address 1:			
Address 2:			
Address 3:			
Town:	LONDON		
County:			
Country:			
Postcode:	NW1 7DB		

2. Agent Name and Address

Title:	MR	First name:	NICHOLAS
Last name:	FOVE		
Company (optional):	WILLMOTT DIXON HOUSING LTD		
Unit:	House number:	House suffix:	
House name:			
Address 1:	HITCHIN ROAD		
Address 2:			
Address 3:			
Town:	SHEFFORD		
County:	BEDFORDSHIRE		
Country:			
Postcode:	SG 17 5JS		

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name:

Address 1: 41-71 (odd) BALMORE ST + 55-86 CHESTER RD

Address 2:

Address 3:

Town: LONDON

County:

Postcode (optional): N19

Description of location or a grid reference.
(must be completed if postcode is not known):

Easting: Northing:

Description:

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? ☒ Yes ☐ No

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).

Please tick if the full contact details are not known, and then complete as much as possible: ☐

Officer name:

AMANDA PECK

Reference:

Date (DD/MM/YYYY):
(must be pre-application submission)

Details of pre-application advice received?

5. Development Description

Please indicate which reserved matter(s) you require to be determined under this application:

☒ Access ☐ Appearance ☐ Landscaping ☐ Layout ☐ Scale

Please provide a description of the approved development as shown on the decision letter:

Erection of 4 storey buildings plus basement to provide 53 residential units and 457m² of commercial units, associated cycle parking and landscaping following demolition of buildings at 55-86 Chester Road, and 41-71 at Balmore Street.

Reference number: 2010/5478/P Date of decision: 11/03/2010. (date must be pre-application submission) (DD/MM/YYYY)

Please provide a description of the reserved matters for which you are seeking consent. Please state if the outline planning application was an environment impact assessment application and, if so, confirm that an environmental statement was submitted to the planning authority at that time.

CONDITION 34 CONSTRUCTION MANAGEMENT PLAN

Has the development already started? ☒ Yes ☐ No

If Yes, please state when the development was started (DD/MM/YYYY): 7/01/2012. (date must be pre-application submission)

Has the work been completed? ☐ Yes ☒ No

If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)

6. Authority Employee / Member

With respect to the Authority, I am: (a) a member of staff
(b) an elected member
(c) related to a member of staff
(d) related to an elected member

Do any of these statements apply to you? ☐ Yes ☐ No

If Yes, please provide details of the name, relationship and role

7. Supporting Information

Please provide the following information:

List of all relevant drawings, including reference numbers, that were approved as part of the original decision:

Drawing	Reference Number
SEE APPENDED APPROVAL NOTICE	

List of drawing numbers submitted with this application for approval:

Drawing Number
CONSTRUCTION MANAGEMENT PLAN.

Reasons for any changes to the original drawings (if applicable):

NO CHANGES.

8. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.

The original and 3 copies of a completed and dated application form: ☒

The correct fee: ☒

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application: ☒

The original and 3 copies of such plans and drawings as are necessary to deal with the matters reserved in the outline planning permission. ☐

9. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Signed - Applicant:

Or signed - Agent:

W. P. S.

Date (DD/MM/YYYY):

20/07/2012.

(date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:
+44	020 7974 2014	
Country code:	Mobile number (optional):	
Country code:	Fax number (optional):	
Email address (optional):		

11. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:
+44	01462 814455	
Country code:	Mobile number (optional):	
+44	07973 127195	
Country code:	Fax number (optional):	
Email address (optional):		

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 agent/applicant's details)

If Other has been selected, please provide:

Contact name:

NICK FOYLE

Telephone number:

07973 127195

Email address:

nick.foyle@willmott-dixon.co.uk