

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

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. Applica	ant Name and Address	2. Agent Name and Address				
Title:	First name:	Title:	MISS	First name:	ANGELA	
Last name:		Last name:	PARIKH			
Company (optional):	1. BLCT (16699) LIMITED 2. BLCT (16700) LIMITED	Company (optional):	DP9			
Unit:	House House suffix:	Unit:		House number:	100	House suffix:
House name:		House name:				
Address 1:	C/O AGENT	Address 1:	PALL MALL			
Address 2:		Address 2:				
Address 3:		Address 3:				
Town:		Town:	LONDON			
County:		County:				
Country:		Country:				
Postcode:		Postcode:	SW1Y 5N	IQ		

	ddress Details ide the full postal address of the application site.	4. Pre-application Advice Has assistance or prior advice been sought from the local				
Unit:	House House	authority about this application?				
House	number: suffix:	If Yes, please complete the following information about the advice				
name: Address 1:	SITE BOUNDED BY HAMPSTEAD ROAD,	you were given. (This will help the authority to deal with this application more efficiently).				
Address 2:	DUMMOND STREET AND TRITON SQUARE  AKA NORTH EAST QUADRANT	Please tick if the full contact details are not known, and then complete as much as possible:				
Address 3:		Officer name:				
Town:	LONDON	ADRIAN MALCOLM				
County:		Reference:				
Postcode	NW1	Date (DD/MM/YYYY):				
(optional): Description	of location or a grid reference.	(must be pre-application submission)				
(must be co	ompleted if postcode is not known):	Details of pre-application advice received?				
Easting: Description	Northing:					
Description	I.					
	E REFER TO SHEDULE 1	25/03/2010 (Date must be pre-application				
Reference r Please state	number: 2007/0823/P Date of decision: e the condition number(s) to which this application relat	submission) (DD/MM/YYYY)				
1. 6		6.				
2.		7.				
3.		8.				
4.		9.				
5.		10.				
Has the dev	velopment already started?	Yes No				
If Yes, plea	se state when the development started (DD/MM/YYYY):	NOV 2010 (date must be pre-application submission)				
Has the de	velopment been completed?	Yes No				
If Yes, plea	se state when the development was completed (DD/MN	1/YYYY): (date must be pre-application submission)				
6. Discha	arge Of Condition					
	vide a full description and/or list of the materials/details I	that are being submitted for approval:				
PLEASE	REFER TO COVER LETTER					
7. Part D	ischarge Of Condition(s)					
	eking to discharge only part of a condition?	☐ Yes    ✓ No				
ir ves, pleas	se indicate which part of the condition your application r	elates to:				
		\$Date: 2010-09-10 #\$ \$Revision: 2999 \$				

Please read the information requ	following chec uired will resul	Requirements - klist to make sure you t in your application I has been submitted.	u have sent all the	information in su alid. It will not be	pport of your proposal. Failure to considered valid until all informa	submit all tion required by		
The original and 3 copies of a				original and 3 copies of other plans and drawings  formation necessary to describe the subject of the application:				
The correct fee:								
9. Declaration  I/we hereby apprinformation.  Signed - Application	ly for planning	g permission/consent	as described in th	is form and the ac	ccompanying plans/drawings and	additional		
oigned ripping	signed - Applicant.				AP9			
Date (DD/MM/)	/YYY):							
12/07/2012		(date cannot be pre	e-application)					
10. Applicant Contact Details  Telephone numbers  Country code: National number:  Mobile number (optional):  Email address (optional):		nber: ber (optional):	Extension number:	Telephone num Country code: Country code: Country code: Email address (	National number:  020 7004 1700  Mobile number (optional):  Fax number (optional):	Extension number:		
If the planning a	seen from a pu authority need whom should t	iblic road, public footp s to make an appoints hey contact? <i>(Please s</i> ease provide:	ment to carry	other public land  Agent  Telephone num	Applicant Other (if agent/ap	different from th plicant's details)		

### Schedule I

# 5. Description of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including application reference number and date of decision in the sections below.

# Description of approved development:

"Redevelopment involving demolition of remaining buildings, basements and structures and the erection of 26 storey block comprising 101 private residential units plus an 8 storey block comprising 70 affordable units (Class C3) – both blocks positioned on top of a one storey plus mezzanine level podium -; a part 16, part 11, part 9 storey block comprising 47,168 sqm Class B1 Office floorpsace, plus retail/financial & professional services/ restaurant/ pub or bar/ community (Class A1/A2/A3/A4 and D1) uses at ground floor, provision of basement and lower basement levels together with associated access, parking (comprising 182 parking spaces), servicing, open areas and landscaping, alterations to and enlargement of Triton Square."