

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 Date Payee

App. No.

For office use

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. Applicant Name and Address		2. Agent Name and Address	
Title:	First name:	Title: MK First name: WILLIAM	
Last name:		Last name: HULBERT	
Company (optional):		Company (optional): ANDREW LETT MCHITECTS	
Unit:	House House suffix:	Unit: House number: 120 House suffix:	
House name:		House name:	
Address 1:		Address 1: MARTLEBONE LANE	
Address 2:		Address 2:	
Address 3:		Address 3:	
Town:		Town: LONDON	
County:		County: LONDON	
Country:		Country: V.	
Postcode:		Postcode: 410 2 Q4	

3. Site Address Details Please provide the full postal address of the application site. Unit: House number: I-3 House suffix: House name: Address 1: BED FOLD PLACE Address 3: Town: LONDON County: LONDON Postcode (optional): WCIB SAH 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: CATHE RINE DOND Reference: Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received? WILLIAMUE LENEAU ON APPLICATION			
5. Description Of Your Proposal Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below: ELECTION OF PART SINCH PART 2-STORET REAL EXTENSIONS AT LOWER CAOUNT LARGED FROM LEVEL, INCORPORATION TERRARES AT LEAR CAOUNT LEVEL WITH STANK TO LARGED & OTHER ASSOCIATED EXTERNAL INTERNAL INTERNA				
Please state the condition number(s) to which this application relate	es:			
1-	6. 6			
2. 2a, 2b), 24, 2d) Ze), 2f), 2g) zh)	21) 7. \$ CONDITION 4			
3. 3	8. CONSENTED APPLICATION			
4. 4	9. 2011/0494/P			
5. \$	10.			
Has the development already started? If Yes, please state when the development started (DD/MM/YYYY): Wes No (date must be pre-application submission) Has the development been completed? If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)				
6. Discharge Of Condition Please provide a full description and/or list of the materials/details that are being submitted for approval: SEE HINCHED LONELING VELTER DATED 28.06.12				
THE WILLIAM CONSCINCT	7.1.1.2			
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:				

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 original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:				
The correct fee: NOT REQUIRED				
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: Date (DD/MM/YYYY): (date cannot be pre-application)				
	11. Agent Contact Details			
10. Applicant 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: + 44 Country code: Mobile number (optional): + 44 Country code: Mobile number (optional): - 44 Country code: Fax number (optional):			
Email address (optional):	Email address (optional): William Dandrewlerr architects.com			
12. Site Visit Can the site be seen from a public road, public footpath, bridleway or If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide: Contact name:	r other public land? Yes No Agent Applicant Other (if different from the agent/applicant's details) Telephone number:			
Email address:				