

Planning Services
Camden Town Hall
Argyle Street
London WC1H 8EQ

Email (enquiries only): env.devcon@camden.gov.uk
Telephone : 020 7974 1911
Fax : 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. Applicant Name and Address

Title:	<input type="checkbox"/>	First name:	<input type="text" value="LIDIA"/>
Last name:	<input type="text" value="SZEPINSKA"/>		
Company (optional):	<input type="text"/>		
Unit:	<input type="checkbox"/>	House number:	<input type="text" value="47"/>
		House suffix:	<input type="checkbox"/>
House name:	<input type="text"/>		
Address 1:	<input type="text" value="ARLINGTON ROAD"/>		
Address 2:	<input type="text" value="CAMDEN"/>		
Address 3:	<input type="text" value="LONDON"/>		
Town:	<input type="text" value="LONDON"/>		
County:	<input type="text"/>		
Country:	<input type="text"/>		
Postcode:	<input type="text" value="N4 1ES"/>		

2. Agent Name and Address

Title:	<input type="text"/>	First name:	<input type="text"/>
Last name:	<input type="text"/>		
Company (optional):	<input type="text"/>		
Unit:	<input type="text"/>	House number:	<input type="text"/>
		House suffix:	<input type="text"/>
House name:	<input type="text"/>		
Address 1:	<input type="text"/>		
Address 2:	<input type="text"/>		
Address 3:	<input type="text"/>		
Town:	<input type="text"/>		
County:	<input type="text"/>		
Country:	<input type="text"/>		
Postcode:	<input type="text"/>		

Please provide the full postal address of the application site.
Please provide the full postal address of the application site.

Unit: 3 House number: 47 House suffix:

House name:

Address 1: ARLINGTON ROAD

Address 2:

Address 3:

Town: LONDON

County:

Postcode (optional): NW1 7ES.

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

Easting: Northing:

Description:
REAR EXTENSION - BASEMENT LEVEL
- 5TH FLOOR BALCONY RENOVATION

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:

Reference:

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

Details of pre-application advice received?

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:

ERECTION OF 2 STOREY REAR EXTENSION AT LOWER + UPPER GROUND LEVELS.
ADDITIONS ALTERATIONS TO REAR ROOF TERRACE AT SECOND FLOOR.
REF: 2011/0723/P: BALCONY / SHOWER REV 19.05.11 LISTED BUILDING

Reference number: 2011/0723/P Date of decision: 20 June 2011 (Date must be pre-application submission) (DD/MM/YYYY) CONSENT

Please state the condition number(s) to which this application relates:

1.	<u>4 B</u>	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)

6. Discharge Of Condition

Please provide a full description and/or list of the materials/details that are being submitted for approval:

7. Part Discharge Of Condition(s)

Are you seeking to discharge only part of a condition? Yes No

If Yes, please indicate which part of the condition your application relates to:

Condition 4.6 - PLAN, ELEVATION AND SECTION DRAWINGS OF ALL NEW DOORS + WINDOWS 1:10. for: Balcony / Shower Rev E
New Drawings 1a, 1b, 2 Drawing: 286_20_223 date: 19.5.11

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:

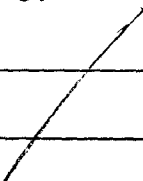
9. Declaration

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):

12 / 06 / 2012 (date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code: 0207 National number: 7209 7355 Extension number:

Country code: Mobile number (optional): 07515 74627

Country code: Fax number (optional):

Email address (optional): lidia.d@blueyonder.co.uk

11. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

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: LIDIA SZOPINSKA

Telephone number: 07515 746267

Email address: lidia.d@blueyonder.co.uk