



Planning Services Camden Town Hall Argyle Street London WC1H 8EQ Email (enquiries only): env.devcon@camden.gov.uk For office use

Telephone : 020 7974 1911 Fax : 020 7974 5713 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.

Applicant Name and Address					
Title:	MV First name: DAVIV				
Last name:	KUTNER				
Company (optional):	BAVID KUTNER ASSOCIATES				
Unit:	House number: 56 House suffix:				
House name:					
Address 1:	UPPER MONTAGU STREET				
Address 2:					
Address 3:					
Town:	CONDON				
County:					
Country:	UK				
Postcode:	WIH ISN				

2. Agent Name and Address							
Title:	MV First name: FVEVEVIC						
Last name:	17KUTTO						
Company (optional):	Futor Ctd						
Unit:	House number: 28-29 House suffix:						
House name:							
Address 1:	GNEATE SUTTON STREET						
Address 2:							
Address 3:							
Town:	CONDON						
County:							
Country:	UK						
Postcode:	ECIV OSO						

3. Site Address Details				re-application Advice			
Please provide the full postal address of the application site.				ssistance or prior advice been sought from the local			
Unit:	House number:	House suffix:	autho	authority about this application?			
House name:	KENTISHTO	WN SPORTS CENTUR	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1:	GRAFTON	'ND		cation more efficiently). e tick if the full contact details are not			
Address 2:				n, and then complete as much as possible:			
Address 3:			Offic	er name:			
Town:	Town: CONDON			rence:			
County:							
	Postcode (optional): NWS 3WU			Date (DD/MM/YYYY): be pre-application submission)			
Description (must be co	Description of location or a grid reference. (must be completed if postcode is not known):			ils of pre-application advice received?			
Easting:		Northing:					
Description							
SITE	BEHIND THE	SPORTS CENTRE					
$\subseteq$							
5. Descri	iption Of Your Prop	posal					
Please prov	vide a description of the f decision in the section	approved development as show	n on the	decision letter, including the application reference number			
			TS CE	ENTILE ANDTHE EXILECTION			
		OWN HOUSES.					
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7						
Reference r	number: 2007	/4426₽ Date of decision:	13,0	(Date must be pre-application submission) (DD/MM/YYYY)			
Please stat	e the condition number	r(s) to which this application relat	es:				
3 1	MATERIALS		21	II SUSTAINAMILITY PCAN			
5	HABITAT		21	I CONSTRUCTION MANAGEMENT			
//	CIFE TIME HO	OMES					
19	CANDSCANE	DESIGN					
20 0	ANDSCAVE	DESIGN					
Has the de	velopment already star	ted?		Yes No			
If Yes, plea	If Yes, please state when the development started (DD/MM/YYYY):			(date must be pre-application submission)			
Has the de	Has the development been completed?						
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)							
6. Discha	6. Discharge Of Condition						
	Please provide a full description and/or list of the materials/details that are being submitted for approval:						
PLESE REFER TO ATTACHED DRAWING CIST AND LETTER							
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:							
REPLACEMENT OF CONDITION 210 PART III + I							

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 The completed and dated application form:	original and 3 copies of other plans and drawings iformation necessary to describe the subject of the application:						
The correct fee:							
9. Declaration  (We hereby apply for planning permission/consent as described in the information.  Signed - Applicant:  Date (DD/MM/YYYY):  (date cannot be pre-application)	his form and the accompanying plans/drawings and additional  Or signed - Agent						
10. Applicant Contact Details 11. Agent Contact Details							
Telephone numbers	Telephone numbers						
Country code: National number: Extension number:    O2077246677	Country code: National number: Extension number:    O207 253 8330   Country code: Mobile number (optional):						
Country code: Fax number (optional):	Country code: Fax number (optional):						
Email address (optional):	Email address (optional):  FRENEVICE PUTON FINCHITECTURE, C						
12. Site Visit							
Can the site be seen from a public road, public footpath, bridleway o	r 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 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:	Telephone number:						

Email address: