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Telephone

Fax

: 020 7974 1911 : 020 7974 5713 Date Payee

App. No.

For office use

DECENTARY

1 JULY 2011

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.

Unit: House number: House suffix: Unit: House number: Suffix: House name: KINGS PLACE Address 1: 90 YORK WAY Address 2: Address 3: Town: LOWON County: Country: Country: Country:	1. Applic	ant Name and Address	2. Agent Name and Address
Company (optional): NETWORK PILL INFORMACE CTL Unit: House number: House suffix: House name: KINGS PLACE Address 1: 90 YORK WAY Address 2: Address 3: Town: LANDON Country: Country	Title:	First name:	Title: MR First name: STEVE
(optional): Ne walk and importance and optional): Ne walk and and optional	Last name:		Last name: TAYCOR
Onit: number: suffix: Onit: number: suffix: House name: KINGS PLACE Address 1: Address 2: Address 3: Town: LONDON County: Country: Country: Country:	Company (optional):	NETWORK BALL INFASTRUCTURE LTD	Company (optional): NETWORK RAIL INVESTIGATIONS (SIZ
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Country:	Town:	LONDON	Town: LONDON
	County:		County:
Postrode: All QQC	Country:		Country:
Posicode: NW1 ZON	Postcode:	NC 9AS	Postcode: NW ZWN

ease provide the full postal address of the application site. Init:	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: ANTANA POWAL Reference: Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received? ANTAS RESUME WEETINGS				
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: REVENDENT OF KING'S CRESTITATION (Date must be pre-application)					
leference number: 206/374/L Date of decision:	submission) (DD/MM/YYYY)				
1. CONDITION 8 - SERVICES	6.				
2. CONSITION ZOA - DETALLED VASISN	7.				
3.	8.				
4.	9.				
5.	10.				
las the development already started?	Yes No				
If Yes, please state when the development started (DD/MM/YYYY):	(date must be pre-application submission)				
las the development been completed?	Yes No				
If Yes, please state when the development was completed (DD/MM/	(date must be pre-application submission)				
Discharge Of Condition Please provide a full description and/or list of the materials/details that are being submitted for approval: SEE COUR (ETTER					
Are you seeking to discharge only part of a condition?					
f Yes, please indicate which part of the condition your application relates to:					
SEE CONER LETTER					

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 a completed and dated application form:	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 apply for planning permission/consent as described in the information. Signed - Applicant:	nis form and the accompanying plans/drawings and additional Or signed Agent:			
Date (DD/MM/YYYY):				
28.10.201((date cannot be pre-application)				
10. Applicant Contact Details	11. Agent Contact Details			
Telephone numbers Country code: National number: Extension number:	Telephone numbers Country code: National number: Extension number: 7904 7419			
Country code: Mobile number (optional): Country code: Fax number (optional):	Country code: Mobile number (optional): Country code: Fax number (optional):			
Email address (optional):	Email address (optional): Steven. toylor Evetuor vail. ca. v.			
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:	other public land? Yes No Agent Applicant Other (if different from the agent/applicant's details) Telephone number:			

Email address: