

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

Telephone

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: 020 7974 1911

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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. Applic	ant Name and Address	2. Agent Name and Address				
Title:	First name:	Title:	MR First name: STEVE			
Last name:	Last name:		TATLOR			
Company (optional):			Company (optional): METWERK PAIL (MARTINGURE UTS			
Unit:	House House suffix:	Unit:	House House suffix:			
House name:	KINGS PLACE	House name:				
Address 1:	90 YORK WAY	Address 1:	1: 1 EVERTOUT STREET			
Address 2:		Address 2:				
Address 3:		Address 3:	7.			
Town:	LOMDON	Town:	LOMDON			
County:		County:				
Country:		Country:				
Postcode:	NI 9AG	Postcode:	NW120N			

3. Site Address Details Please provide 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?				
number: suffix:	If Yes, please complete the following information about the advice				
name: KING I CHOIS STATION	you were given. (This will help the authority to deal with this application more efficiently).  Please tick if the full contact details are not				
Address 1: EVSTON ROAD					
Address 2:	known, and then complete as much as possible:				
Address 3:	Officer name:				
Town: LONDON	Reference:				
County:	nererence.				
Postcode (optional): NY 9AS	Date (DD/MM/YYYY):				
Description of location or a grid reference.	(must be pre-application submission)				
(must be completed if postcode is not known):	Details of pre-application advice received?				
Easting: Northing:	DURING METURE MEETINGS				
Description:					
5. Description Of Your Proposal					
Please provide a description of the approved development as sho and date of decision in the sections below:	own on the decision letter, including the application reference number				
REDEVELOPMENT OF KING'S CRO	M. CTATION				
reproductive of a king ; class	77 3 (7111010				
Reference number: 2006 3387 P Date of decision	n: 09/11(2007) (Date must be pre-application submission) (DD/MM/YYYY)				
Please state the condition number(s) to which this application rel	ates:				
1. COMOITION 16 - SIGNAGE AMO	6.				
2. ADMINITIONS	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/N	(date must be pre-application				
if les, please state when the development was completed (DD/W	submission)				
6. Discharge Of Condition					
Please provide a full description and/or list of the materials/detail	Is that are being submitted for approval:				
SEE CONOR LETTER					
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 applicatio	n relates (O:				
SEE COVER LETTER					

	moderation. A				
8. Planning Application Requirements - Cl Please read the following checklist to make sure you h information required will result in your application be the Local Planning Authority has been submitted.	nave sent all the	information in supralid. It will not be	pport of your proposal. Failure to sub- considered valid until all information	mit all required by	
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 information.	s described in th	nis form and the ac	companying plans/drawings and add	itional	
Signed - Applicant:	Or signed - Agent:				
		X	<u> </u>		
Date (DD/MM/YYYY):		0			
19 (10   20 (1 ) (date cannot be pre-a	application)		· ·		
10. Applicant Contact Details	11. Agent Contact Details				
Telephone numbers		Telephone numbers			
Country code: National number:	Extension number:	Country code:	National number:	Extension number:	
National number.			020 7904 744 7419		
Country code: Mobile number (optional):		Country code:	Mobile number (optional):	_	
Country code: Fax number (optional):	7	Country code:	Fax number (optional):	7	
			- N		
Email address (optional):	Email address (optional):  Steven. tayloreneture vair. com				
		Steven. 1	aylar enemicalism.	CO.UK	
12. Site Visit					
Can the site be seen from a public road, public footpa	ath, bridleway o	r other public land	I? Yes No		
If the planning authority needs to make an appointm out a site visit, whom should they contact? (Please sel	ent to carry	Agent	☐ Applicant ☐ Other (if diffe	erent from the ant's details)	
If Other has been selected, please provide:					
Contact name:		Telephone num	ber:		

Email address: