

Planning Services Camden Town Hall Argyle Street London WC1H 8EQ

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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. Appli	cant Name and Address	2. Agent	Name and Address
Title:	First name:	Title:	MR First name: STEZE
Last name:		Last name:	TAYLOR
Company (optional):	METWORK PAIL IMPROTIPULTURE LITE	Company (optional):	METHORK RAIL WHATHRETURE UTO
Unit:	House number: House suffix:	Unit:	House House number: suffix:
House name:	KING'S PLACE	House name:	
Address 1:	no york way	Address 1:	I ENERTHAL STRUET
Address 2:		Address 2:	
Address 3:		Address 3:	
Town:	LOMOOR	Town:	LOMOON
County:		County:	
Country:		Country:	
Postcode:	NI 9AG	Postcode:	NW120N

	<u> </u>			
3. Site Address Details	4. Pre-application Advice			
Please provide the full postal address of the application site. Unit: House House ruffing	Has assistance or prior advice been sought from the local authority about this application? Yes No			
number: suffix:	If Yes, please complete the following information about the advice			
name: KING'S CHOSS STATION	you were given. (This will help the authority to deal with this application more efficiently).			
Address 1: EVSTON ROAM	Please tick if the full contact details are not			
Address 2:	known, and then complete as much as possible:			
Address 3:	Officer name: ANONA PAWEL			
Town: LINOON	Reference:			
County:				
Postcode (optional): NI 1AS	Date (DD/MM/YYYY):			
Description of location or a grid reference. (must be completed if postcode is not known):	(must be pre-application submission) Details of pre-application advice received?			
asting: Northing: WENG PEZIAR METINGS				
Description:				
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:				
REDERVELARMENT OF KINSS CHOIS ST	ATION			
Lear Demander Disking to Charge 21				
Reference number: Date of decision:	(Date must be pre-application			
Please state the condition number(s) to which this application relates	submission) (DD/MM/YYYY)			
1. Comption 20 Axiv - Signage	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:				
SEE CONTR LETTERS				
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:				
SEE COUR LETTOR				

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all th information required will result in your application being deemed in the Local Planning Authority has been submitted.	e information in support of your proposal. Failure to submit all availd. It will not be considered valid until all information required by
The original and 3 copies of a Completed and dated application form:	original and 3 copies of other plans and drawings of original and 3 copies of other plans and drawings of the application:
The correct fee:	
9. Declaration I/we hereby apply for planning permission/consent as described in tinformation. Signed - Applicant: Date (DD/MM/YYYY): (date cannot be pre-application)	chis form and the accompanying plans/drawings and additional Or signed - Agent:
10. Applicant Contact Details	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):	Telephone numbers Country code: National number: DO 7904 74(9 Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Steven. taylor Ovetrarkrail.co.
12. Site Visit Can the site be seen from a public road, public footpath, bridleway of 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:	or other public land? Yes No Agent Applicant Other (if different from the agent/applicant's details)
Contact name:	Telephone number:

Email address: