

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

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For office use

Date

Pavee 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:	TAMO	ork	
Company (optional):	METWORK PAIL INFRASTRUCTURE LTD	Company (optional):	NETWO	rc Bac	IMPRATTRUCTURE (3)
Unit:	House number: House suffix:	Unit:	1	House number:	House suffix:
House name:	KINGS PLACE	House name:			
Address 1:	90 YARK WAY	Address 1:	1 EN	SRMOUT	STRUET
Address 2:		Address 2:			
Address 3:		Address 3:		· · · · · · · · · · · · · · · · · · ·	
Town:	LOMOON	Town:	Low	70N	
County:		County:			
Country:		Country:			
Postcode:	NI 9AG	Postcode:	ıwı	200	

3. Site Address Details	4. Pre-application Advice				
Please provide the full postal address of the application site. Unit: House House	Has assistance or prior advice been sought from the local authority about this application?				
number: suffix;	If Yes, please complete the following information about the advice				
name: KINGI CROSS STAPTION	you were given. (This will help the authority to deal with this				
Address 1: EVSTON KOND	application more efficiently). Please tick if the full contact details are not				
Address 2:	known, and then complete as much as possible:				
Address 3:	Officer name:				
Town: Lawoon	ANTOMA POWER				
County:	Reference:				
Postcode An GAN	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:	prang regular moetings				
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:	ON MATION				
REDUCTORMENT OF KING'S OROSIN STATION					
Reference number: 2006 3394/L Date of decision: 07/11/2007 (Date must be pre-application submission) (DD/MM/YYYY)					
Please state the condition number(s) to which this application relate					
1. COMOTION 8. NEW SERVES	6.				
2. CONDTION 20A - THE NEW WOR	AK-JT.				
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?					
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 COUR 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:					
	erates to.				
SEE COVER LETTER					

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the 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 valid. 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 nformation necessary to describe the subject of the application.
The correct fee:	
9. Declaration I/we hereby apply for planning permission/consent as described in t information. Signed - Applicant: Date (DD/MM/YYYY): (date cannot be pre-application)	his form and the accompanying plans/drawings and additional Or signed - Agent:
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: Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Email address (optional):
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 but a site visit, whom should they contact? (<i>Please select only one</i>) of Other has been selected, please provide:	Agent Applicant Other (if different from the agent/applicant's details)
Contact name:	Telephone number:

Email address: