

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

Telephone Fax

: 020 7974 1911 : 020 7974 5713 For office use

April Na

Date 2.1vee

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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.

1. Applicant Name and Address

t is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

2. Agent Name and Address

Title:	First name:	Title: MR First name: STEVE
Last name:		Last name: TAYLOK
Company (optional):	NETWORK RAIL INFRASTPUCTURE LTD	Company (optional): VELWORK RAIL INFRATTRUCTURES LING
Unit:	House House suffix:	Unit: House House suffix:
House name:	KINGS PLACE	House name:
Address 1:	90 YORK WAY	Address 1:   RANGHOUT STREET
Address 2:		Address 2:
Address 3:		Address 3:
Town:	LONDON	Town: Lawon
County:		County:
Country:		Country:
Postcode:	NIGAS	Postcode: NW120N

3. Site Address Details	4. Pre-application Advice				
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?				
Unit: House House suffix:					
House name: KING'S OROSS STATION	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1: EUSTON ROUND	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: LONGON	Reference:				
County:					
Postcode (optional): NI GAP	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?				
Easting: Northing:	ARING RESUME MEETINGS				
Description:					
5. Description Of Your Proposal Please provide a description of the approved development as shown and date of decision in the sections below:	on the decision letter, including the application reference number				
REPORTER OF KING'S CROSS STATION					
REMOVE LONIVORO ( OF KIND) S CINCID	9 // 110°O				
Defended to the latter of the control of the latter of					
Reference number: $2006/339 \text{ F/C}$ Date of decision: Please state the condition number(s) to which this application relate	submission) (DD/MM/YYYY)				
1. CONDITION P - SERVICES	6.				
	7.				
2. CONDITION 20AXU - LIGHTING 3. CONDITION 32 - LIGHTING	8.				
4.	9.				
5.	10.				
Has the development already started?	Yes No (date must be pre-application				
submission)					
Has the development been completed?  Yes No  (date must be pre-application					
If Yes, please state when the development was completed (DD/MM/	submission)				
6. Discharge Of Condition					
Please provide a full description and/or list of the materials/details the	nat are being submitted for approval:				
SEE CONFLICTION					
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:					
SETE COVER LETYER					
1					

<b>8. Planning Application Requirements - Checklist</b> 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:  The or in	original and 3 copies of other plans and drawings  of ormation necessary to describe the subject of the application:
The correct fee:	<i>'</i>
9. Declaration  I/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	
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: Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  Stown for worknow way of come.
<b>12. Site Visit</b> Can the site be seen from a public road, public footpath, bridleway or of the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) of 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: