

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

Telephone : 020 7974 1911

Fax

: 020 7974 5713

For office use

Date

Pavee

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.

I. Applicant Name and Add	2. Agent Name and Address				
Title: First nam	e:	Title:	MR	First name:	STEVE
Last name:		Last name:	TAY	al	
Company (optional): WETWORK WALL	inflatification ap	Company (optional):	Netwa	ek pail i	MRASTRUCTURE CTU
Unit: House number:	House suffix:	Unit:	1 1	House number:	House suffix:
House name: KINGS PLACE	इ	House name:			
Address 1: 90 YURK WAY		Address 1:	1 64	selhout	STRUET
Address 2:		Address 2:			
Address 3:		Address 3:			
Town: Lawan		Town:	lomo	aN	
County:		County:			
Country:		Country:			
Postcode: N(9A9		Postcode:	NWI	202	

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:	authority about this application? Yes No					
House name: KING; CROSS STATION	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					
Address 1: LEVSTON KONO						
Address 2:	known, and then complete as much as possible:					
Address 3:	Officer name:					
Town: LONDON	Reference:					
County:						
Postcode (optional): NI 94P Description of location or a grid reference.	Date (DD/MM/YYYY): (must be pre-application submission)					
(must be completed if postcode is not known):	Details of pre-application advice received?					
Easting: Northing:	DURING REGULAR UNCETHER					
Description:						
5 Description Of Your Droposal						
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:						
REDERBERMENT OF KINT'S CROSS STATION						
Reference number: 2006/3394/L Date of decision:	(Date must be pre-application submission) (DD/MM/YYYY)					
Please state the condition number(s) to which this application relate 1. CONDITION 31 — WATERANGES	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?						
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 the	nat are being submitted for approval:					
SEE COUR LETTOR						
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 CONUR LETTOR AND ENCLOSED						

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 or in	original and 3 copies of other plans and drawings Iformation 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: Date (DD/MM/YYYY): 23.09.20 (1 (date cannot be pre-application)	his 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):				
	Haven ton brencherail co. che				
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:	r other public land? Yes No Agent Applicant Other (if different from the agent/applicant's details) Telephone number:				
Email address:					