Condition 17



Planning Services Camden Town Hall Argyle Street London WC1H 8EQ

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: 020 7974 5713

For office use

Date

Payee App. No. Fee

DEGETTE I

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: Grant	
Last name:		Last name:	Leggett	
Company (optional):	Loftus Family Property	Company (optional):	Boyer Planning	
Unit:	House number: House suffix:	Unit:	House House suffix:	
House name:	C/- Agent	House name:	117 Waterioo Road	
Address 1:		Address 1:		
Address 2:		Address 2:		
Address 3:		Address 3:		
Town:		Town:	London	
County:		County:		
Country:		Country:		
Postcode:		Postcode:	SE1 8UL	

3. Site Address Details Please provide the full postal address of the application site.		Has as:	e-application Advice sistance or prior advice been sought from the local		
Unit:	House House number: suffix:	author	ity about this application?		
House name:	Former Mercedes Benz Garage		please complete the following information about the advice ere given. (This will help the authority to deal with this		
Address 1:	Blackburn Road	applica	ation more efficiently).		
Address 2:	West Hampstead	I E	tick if the full contact details are not , and then complete as much as possible:		
Address 3:		Office	r name:		
Town:	London	Refere	DDCA'		
County:		I Refere	ince.		
Postcode (optional):	NW6 1AW		Date (DD/MM/YYYY):		
Description of location or a grid reference. (must be completed if postcode is not known):		III '	be pre-application submission) s of pre-application advice received?		
Easting:	Northing:				
Description	1:				
Vacant	car repair garage				
Please prov	ption Of Your Proposal vide a description of the approved development as showl f decision in the sections below:	n on the o	decision letter, including the application reference number		
	of a new building of up to nine storeys providing new f	lexible e	mployment space (2.110 sq m) and student		
	odation as granted on appeal (PINS ref: APP/X/5210/				
	2000/5022/D	00,000	(Date must be pre-application		
Reference r	number: 2009/5823/P Date of decision: e the condition number(s) to which this application relate	30/09/	submission) (DD/MM/YYYY)		
1. 17		6.			
2.		7.			
3.		8.			
4.		9.			
5.		10.			
Has the de	velopment already started?		Yes X No		
If Yes, plea	se state when the development started (DD/MM/YYYY):		(date must be pre-application submission)		
Has the dev	velopment been completed?		Yes X 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:					
Details of the proposed waste and recycling storage.					
7. Part Discharge Of Condition(s)					
Are you seeking to discharge only part of a condition?					
Are you see	eking to discharge only part of a condition?				
	se indicate which part of the condition your application re	elates to:			

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:	original and 3 copies of other plans and drawings formation necessary to describe the subject of the application:				
The correct fee:					
9. Deciaration I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY): 10 August 2011 (date cannot be pre-application)					
10. Applicant Contact Details	11. Agent Contact Details				
Telephone numbers	Telephone numbers				
Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Country code: National number: D207 921 0510 Country code: Mobile number (optional): D7791 144 750 Country code: Fax number (optional): Email address (optional): grantleggett@boyerplanning.co.uk				
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:	other public land? Yes No X Agent Applicant Other (if different from the agent/applicant's details) Telephone number:				
Grant Leggett	0207 921 0510				
Email address: grantleggett@boyerplanning.co.uk					

