ORIGINALS



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Telephone

: 020 7974 1911

Fax

: 020 7974 5713

For office use Date

Pavee

App. No.

Fee

RECEIVED 1 2 APR 2011

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. Applica	nt Nam	e and Address	2. Agent Nam	2. Agent Name and Address			
Title:	MR	First name: JOHN TERE	Title:	First name:	*		
Last name:	KING		Last name:				
Company (optional):			Company (optional):				
Unit:		House number: 46 A House suffix:	Unit:	House number:	House suffix:		
House name:			House name:				
Address 1:	PAR	LIAMENT HILL	Address 1:				
Address 2:			Address 2:				
Address 3:			Address 3:				
Town:	LONDON		Town:	*			
County:			County:				
Country:	UK		Country:				
Postcode:	NU	13 2TL	Postcode:				

3. Site Address Details		4. Pre-application Advice				
	al address of the application site.	Has assistance or prior advice been sought from the local				
Unit: Hous	se 🚹 🛕 House	authority about this application?				
House	ber: suffix:	If Yes, please complete the following information about the advice				
name:		you were given. (This will help the authority to deal with this				
Address 1: PARLIA	THENT HILL	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:				
		CARLOS MARTIN				
Town: LOND	,01	Reference:				
County:		Phone Call				
Postcode (optional): Nw3 2	TL	Date (DD/MM/YYYY):				
Description of location or a c	grid reference.	(must be pre-application submission) [03 2011				
(must be completed if posto		Details of pre-application advice received?				
Easting:	Northing:	We discussed conditions				
Description:		the timing of this application and the special circumstances (Sakt)				
		the timing of this application				
		and the special circumstances (safety				
Alteration	s to front gar basement fl	den external steps to				
Reference number: 20	Date of decision	n: 31/01/11 (Date must be pre-application submission) (DD/MM/YYYY)				
	number(s) to which this application rela	Submission (DD) MINV 1117				
1. 4		6.				
2. 5		7.				
3.		8.				
4.		9.				
5.		10.				
Has the development alread	dy started?	✓ Yes No				
	e development started (DD/MM/YYYY	(date must be pre-application				
		Submission				
Has the development been	completed?	Yes No				
If Yes, please state when the	e development was completed (DD/M	MM/YYYY): (date must be pre-application submission)				
C Discharge Con III						
6. Discharge Of Condi  Please provide a full descrip		s that are being submitted for approval:				
A Arboricult	ural Report	1 Balustrades Components (4) Photo				
A Arboricult  B Consequent  to builde	Fustructions	@ Balustrades Plan of				
10 Builde		3 Balustrades Elevation neighbor				
7. Part Discharge Of C	ondition(s)					
Are you seeking to discharg		Yes No				
If Yes, please indicate which	part of the condition your application	n relates to:				

8. Planning Application Requirements - Ch Please read the following checklist to make sure you ha information required will result in your application bein the Local Planning Authority has been submitted.	ave sent all the	e information in su valid. It will not be	pport of your proposal. Failure to considered valid until all informa	o submit all ation required by
The original and 3 copies of a completed and dated application form:	e original and 3 copies of other plans and drawings information necessary to describe the subject of the application:			
The correct fee:				
9. Declaration  I/we hereby apply for planning permission/consent as information.	described in t	his form and the ac	companying plans/drawings and	d additional
Signed - Applicant:		Or signed - Agent:		
J.T. King				
Date (DD/MM/YYYY):				
8   4 / 1 l (date cannot be pre-ap	plication)	Harris Maria and Anna		
10. Applicant Contact Details		11. Agent Contact Details		
Telephone numbers		Telephone num	bers	
Country code: National number:	Extension number:	Country code:	National number:	Extension number:
0207 794 5646				
Country code: Mobile number (optional):		Country code:	Mobile number (optional):	
07766075944				
Country code: Fax 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 footpatl	h, bridleway o	r other public land	? Yes No	
If the planning authority needs to make an appointment out a site visit, whom should they contact? (Please select	Agent	Applicant Other (if	different from the pplicant's details)	
If Other has been selected, please provide:			agenta	ppincarit's actuals,
Contact name:		Telephone number:		
Terry King		077	66075944	

Email address: