Planning Services Camden Town Hall Argyle Street London WC1H 8EQ

16 FEB 2011

Email (enquiries only): env.devcon@camden.gov.uk Telephone Fax

: 020 7974 1911 : 020 7974 5713 For office use Date Payee App. No.



Camden

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. Applie	cant Name and Address	2. Agent Name and Address
Title:	First name:	Title: MR First name: STURE
Last name:		Last name: TAYLOR
Company (optional):	NETWORK VAL INTRASTICICTURE LTD	Company (optional): NETWORK RAIL IN RASTRUCTURE LTD
Unit:	House House suffix:	Unit: House House suffix:
House name:	KINSS PLACE	House name:
Address 1:	90 YORK WAY	Address 1: 1 EVERSHALT STREET
Address 2:		Address 2:
Address 3:		Address 3:
Town:	LONDON	Town: Landon
County:		County:
Country:		Country:
Postcode:	NIGAS	Postcode: NA 24

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		
Unit: House House suffix:	authority about this application? Ves No 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		
House name: KINS'S CROSS STATION			
Address 1: EVSTON ROAD			
Address 2:	known, and then complete as much as possible:		
Address 3:	Officer name:		
Town: LONSON	ANTONIA POWELL		
County:	Reference:		
Postcode (optional): N 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)		
Easting: Northing:	Details of pre-application advice received?		
Description:			
	111		
5. Description Of Your Proposal			
and date of decision in the sections below: REVENTLOMENT OF KING'S CROPS	wn on the decision letter, including the application reference number		
	111110.0		
Reference number: 2006 3394 (Date of decision:	: $09/11/2007$ (Date must be pre-application submission) (DD/MM/YYYY)		
Please state the condition number(s) to which this application rela	ites:		
1. CONDITION IS - REPUMANT	6.		
2. JOINTRY	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?	Yes No		
If Yes, please state when the development was completed (DD/MI	M/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:		
SIZE COLOR 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:		
SEE COLOR LETTOR DOCUMENTS			
	\$Date: 2010-09-10 #5 \$Revision: 2999 \$		

Country code: National number: number: <td< th=""><th></th><th>ke sure you have sent all the oplication being deemed inv</th><th></th><th>pport of your proposal. Failure to submit all considered valid until all information required by</th></td<>		ke sure you have sent all the oplication being deemed inv		pport of your proposal. Failure to submit all considered valid until all information required by	
9. Declaration //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): IS. 07.20(1) (date cannot be pre-application) I1. Agent Contact Details Telephone numbers Extension Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): <th>The original and 3 copies of a completed and dated application form:</th> <th>The or in</th> <th colspan="3">original and 3 copies of other plans and drawings formation necessary to describe the subject of the application</th>	The original and 3 copies of a completed and dated application form:	The or in	original and 3 copies of other plans and drawings formation necessary to describe the subject of the application		
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):	The correct fee:	R			
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Contact name: Telephone number:	Contact name:		Telephone num	ber:	
Email address:	Email address:				