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15 DEC 2010



Planning Services
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Argyle Street
London WC1H 8EQ

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Telephone : 020 7974 1911
Fax : 020 7974 5713

For office use
Date
Payee
App. No.

Fee

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. Applicant Name and Address	2. Agent Name and Address
Title: <input type="text" value="MR"/> First name: <input type="text" value="PATRICK"/>	Title: <input type="text" value="MR"/> First name: <input type="text" value="FINN"/>
Last name: <input type="text" value="SONADARA"/>	Last name: <input type="text" value="ERSCHEN"/>
Company (optional): <input type="text" value="CHELLAND PROPERTIES"/>	Company (optional): <input type="text" value="SPUR ARCHITECTS"/>
Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/>	Unit: <input type="text"/> House number: <input type="text" value="102"/> House suffix: <input type="text"/>
House name: <input type="text"/>	House name: <input type="text"/>
Address 1: <input type="text" value="ALLEYN PARK"/>	Address 1: <input type="text" value="BELSIZE LANE"/>
Address 2: <input type="text" value="WEST DOLWICH"/>	Address 2: <input type="text"/>
Address 3: <input type="text"/>	Address 3: <input type="text"/>
Town: <input type="text" value="LONDON"/>	Town: <input type="text" value="LONDON"/>
County: <input type="text"/>	County: <input type="text"/>
Country: <input type="text"/>	Country: <input type="text"/>
Postcode: <input type="text" value="SE21 8SSF"/>	Postcode: <input type="text" value="NW3 5BB"/>

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: 111-113 House suffix:
House name:
Address 1: YORK WAY
Address 2:
Address 3:
Town: LONDON
County:
Postcode (optional): N7 9LG
Description of location or a grid reference.
(must be completed if postcode is not known):
Easting: Northing:
Description:

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? Yes 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 known, and then complete as much as possible:

Officer name: J. MARKWELL, A. ARTHUR, A. HUTSON

Reference: CA/2010/ENR/05547

Date (DD/MM/YYYY): 26-11-2010
(must be pre-application submission)

Details of pre-application advice received?
CONDITIONS 2, 3, 6, 7
SUBMISSION OF SAMPLES
DETAIL DRAWINGS, SITE IN-
VESTIGATION, TREE PROTECTION

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:

ERECTION OF A MIXED USE SINGLE STOREY BUILDING WITH GROUND FLOOR OFFICE ACCOMMODATION, 9 RESIDENTIAL UNITS COMPRISING 8x2 BEDROOM AND 1x3 BED UNITS

Reference number: 1007/1572/P Date of decision: 21-09-2008 (Date must be pre-application submission) (DD/MM/YYYY)

Please state the condition number(s) to which this application relates:

1.	<u>2 SAMPLE PANELS/MATERIALS</u>	6.	
2.	<u>3 DETAIL DRAWINGS 1:20</u>	7.	
3.	<u>6 GROUND INVESTIGATION</u>	8.	
4.	<u>7 TREE PROTECTION</u>	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/MM/YYYY): 30-11-2010 (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:

COND. 2: PHOTO-DOCUMENTATION OF MATERIALS; COND. 3: SET OF DETAIL DRAWINGS 1:20; COND. 6: SITE INVESTIGATIONS + LETTER/GEA, DOCUMENTATION OF REMEDIATION, DRAWINGS; COND. 7: CONFIRM. STRUCTURE, TREE OFFICER

7. Part Discharge Of Condition(s)

Are you seeking to discharge only part of a condition? Yes No

If Yes, please indicate which part of the condition your application relates 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:

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:

The correct fee:

9. Declaration

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):

15-12-2010

(date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country code:	Mobile number (optional):	
<input type="text"/>	<input type="text"/>	
Country code:	Fax number (optional):	
<input type="text"/>	<input type="text"/>	

Email address (optional):

11. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:
<input type="text"/>	02033 845587	<input type="text"/>
Country code:	Mobile number (optional):	
<input type="text"/>	<input type="text"/>	
Country code:	Fax number (optional):	
<input type="text"/>	<input type="text"/>	

Email address (optional):

12. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land? Yes No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)

Agent Applicant Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

EVA OSTROZLIKOVA

07588 722 006

Email address:

evaostrozlikova@gmail.com