

Planning Services  
Camden Town Hall  
Argyle Street  
London WC1H 8EQ

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For use  
Date  
Page  
Approved  
Fee

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

CERIO 2066

You can complete and submit this form electronically via the Planning Portal by visiting [www.planningportal.gov.uk/apply](http://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

Title:	MRS			First name:	ANNICK		
Last name:	PETERSEN						
Company (optional):	ALP						
Unit:		House number:	17	House suffix:			
House name:							
Address 1:	GHETWYND RD						
Address 2:							
Address 3:							
Town:	LONDON						
County:	LONDON						
Country:	UK						
Postcode:	NW5 1BX						

### 2. Agent Name and Address

Title:		First name:	
Last name:			
Company (optional):			
Unit:		House number:	
House name:			
Address 1:			
Address 2:			
Address 3:			
Town:			
County:			
Country:			
Postcode:			

Please provide the full postal address of the application site.

Unit:  House number: **140-142** House suffix:

House name:

Address 1: **ROYAL COLLEGE ST.**

Address 2:

Address 3:

Town: **LONDON**

County: **LONDON**

Postcode (optional): **NW1 0TA**

Description of location or a grid reference.  
(must be completed if postcode is not known):

Easting:  Northing:

Description:  
**TERRACED HOUSE**

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:

**IGNATIUS TARKWELL, ANONA ADRIAN**

Reference:

Date (DD/MM/YYYY):

(must be pre-application submission)

Details of pre-application advice received?

## 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:

**RETENTION OF SHOP (A1) AT BASEMENT AND GF AT 142. CHANGE OF USE OF FRONT GF AT 140 TO OFFICES (B1). CHANGE OF USE ON UPPER FL AT 140 & 142 FROM 2 RESIDENTIAL UNITS (C3) TO 1 3 BED RESIDENTIAL UNIT (C3). NEW FRONT LIGHTWELL & RAILINGS TO PROVIDE NEW ACCESS TO EXIST BASEMENT & GF PATIO/ETTE AT 140. ERECTION OF 2 STOREY REAR EXTENSION AT GROUND & 1ST FL AT 140.**

Reference number: **2010/0680/P**

Date of decision: **04.05.2010**

(Date must be pre-application submission) (DD/MM/YYYY)

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

1.	<b>CONDITION 3 (Post terrace screening)</b>	6.	
2.	<b>CONDITION 4 (detail 4 foundations)</b>	7.	
3.	<b>CONDITION 5 (Contaminated land inset)</b>	8.	
4.		9.	
		10.	

Has the development already started?

☒ Yes

☐ No

**INTERNAL WORK ONLY**

If Yes, please state when the development started (DD/MM/YYYY):

**06.07.10**

(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):

(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:

## 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:

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):

13.07.2010

(date cannot be pre-application)

## 10. Applicant Contact Details

Telephone numbers

Country code:  National number:  Extension number:

Country code:  Mobile number (optional):

Country code:  Fax number (optional):

Email address (optional):

annick@alp-design.co.uk

## 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):

## 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:

Email address: