

Planning Services Camden Town Hall Argyle Street London WC1H 8EQ Email (enquiries only): env.devcon@camden.gov.uk

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

ablication of applications on planning authority websites

ease note that the information provided on this application form and in supporting documents may be published on the thority's website. If you require any further clarification, please contact the Authority's planning department.

ease complete using block capitals and black ink.

s important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

Applicant Name and Address		2. Agent Name and Address		
tle:	MR+MRS First name:	Title:	MR First name: 6A	HIV
st name:	RUSSELL	Last name:	CHALLAND	
ompany ptional):		Company (optional):	CHARLES LEON	ASSOCIATE
nit:	House number: 36 House suffix:	Unit:	House number:	House suffix:
ouse ime:		House name:		
ddress 1:	MINIFIED LANE	Address 1: CHISWICK STUDIOS		
ddress 2:		Address 2:	9 POWER RO	AD
ddress 3:		Address 3:	CHISWICK	
wn:	LONDON	Town:	roypor	
ounty:		County:		
ountry:		Country:		AND COLORS OF THE COLORS OF TH
stcode:	N6 6JB	Postcode:	W4 5P4	

Site Address Details ease provide the full postal address of the application site.	4. Pre-application Advice Has assistance or prior advice been sought from the local			
nit: House number: 36 House suffix:	authority about this application? Yes No			
ouse ame:	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).			
ddress 1: MILLEIELD LANE	Please tick if the full contact details are not known, and then complete as much as possible:			
ddress 2:	Officer name:			
own: LOHDOH	Reference:			
ounty:	releience.			
ostcode 1 6 6 1 tz	Date (DD/MM/YYYY):			
escription of location or a grid reference.	(must be pre-application submission)			
nust be completed if postcode is not known):	Details of pre-application advice received?			
asting: Northing:				
Pescription:				
. Description Of Your Proposal				
lease provide a description of the approved development as showr nd date of decision in the sections below:				
EXCAVATION OF BASEMENT LEVE	L COMPRISING A SWIMMING POOL AND			
ASSOCIATED PLANT + MINOR AUTERA	MONS TO THE DESIGN OF THE HEW ANNING PERMISSION 2009 0105/P			
	(Date must be pre-application			
eference number: 2010/1990/P Date of decision: lease state the condition number(s) to which this application relate	submission) (DD/MM/YYYY)			
1.	6.			
2. DETAILS OF DESIGN + CONSTRUCT	ion,			
3.	8.			
4.	9.			
5.	10.			
las the development already started?	Yes No			
f Yes, please state when the development started (DD/MM/YYYY):	(date must be pre-application submission)			
las the development been completed?	Yes			
f Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)				
. Discharge Of Condition				
lease provide a full description and/or list of the materials/details the	nat are being submitted for approval:			
· CONSTRUCTION DETAUS O · 9 HE INVESTIGATION REPORT · LETTER FROM GEORECH	F BASEMENT AS SHOWN ON ISSUE TICAL ENGINEEPS RE: GROWND WATER			
Part Discharge Of Condition(s)				
ure you seeking to discharge only part of a condition?				
Yes, please indicate which part of the condition your application relates to:				

• Planning Application Requirements - Checklist ease read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all formation 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.				
ne original and 3 copies of a mpleted and dated application form: The correction or information or information in the correction of the c	original and 3 copies of other plans and drawings formation necessary to describe the subject of the application:			
ne correct fee:				
. Declaration we hereby apply for planning permission/consent as described in the formation. igned - Applicant: Date (DD/MM/YYYY): OPOB 2010 (date cannot be pre-application)	or signed - Agent: The capacitant of the accompanying plans/drawings and additional additional and the accompanying plans/drawings and additional additional are signed.			
0. Applicant Contact Details	11. Agent Contact Details			
elephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): mail address (optional):	Telephone numbers Country code: National number: 020 8747 6170 Country code: Mobile number (optional): Country code: Fax number (optional): 020 8744 6171 Email address (optional): Gavin & Charlesleon . com			
2. Site Visit an the site be seen from a public road, public footpath, bridleway or the planning authority needs to make an appointment to carry ut a site visit, whom should they contact? (Please select only one) Other has been selected, please provide: contact name:	other public land? Yes No Agent Applicant Other (if different from th agent/applicant's details) Telephone number:			
mail address:				