

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

Telephone

Fax

: 020 7974 1911

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For office use Date

Payee App. No. **同意 !! 附 2010** 

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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

Pytication 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:	First name:	Title: He First name: CHRISTOS
Last name:		Last name: PIERIDES
Company (optional):	BREEZE HOLDINGS LTD	Company (optional): CHAPO UK LTD
Unit:	House number: 18-20 House suffix:	Unit: House number: 26-28 House suffix:
H se n ie:		House name:
Address 1:	ST PANCRAS WAY	Address 1: ROCHESTER PLACE
Address 2:		Address 2:
Address 3:		Address 3:
Town:		Town: LONDON.
County:		County:
Country:		Country:
Postcode:	NW1 ORC	Postcode: NW1 9JR

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 number: 26-28 House suffix:	authority about this application? Yes No			
House name:	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this			
Address 1: POCHESTER PLACE	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:  DNATHAN MARKWELL			
Town: LONDON	Reference:			
County:				
Postcode (optional): DwI GJR	Date (DD/MM/YYYY): (must be pre-application submission)  26/0/2004			
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?			
Easting: Northing:	CONTACT ROB IVENS AND DISCUSS THE ISSUE.			
Description:	Discuss THE ISSUE.			
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:				
SUBMITTING THE GEOTECHN	ICAL INTERPRETATIVE REPORT			
AND THE SITE INVESTIGATION	REPORT AS REQUESTED			
Reference number: 2007/05241 P Date of decision: 01/05/2010 (Date must be pre-application submission) (DD/MM/YYYY)				
Please state the condition number(s) to which this application relate	S:			
1. 13 B.	6.			
2.	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?				
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:				
1. SITE INVESTIGATION REPORT 2. GEOTECHNICAL INTERPRETATIVE				
REPORT 3. SITE PLAN				
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:				
13 B.				

8. Planting Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information required will result in your application being deemed inv 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 a completed and dated application form:	original and 3 copies of other plans and drawings formation necessary to describe the subject of the application:	
The correct fee:		
9. Declaration  I/we hereby apply for planning permission/consent as described in the information.  Signed - Applicant:  Date (DD/MM/YYYY):  (date cannot be pre-application)	onis form and the accompanying plans/drawings and additional  Or signed - Agent:	
10. Applicant Contact Details 11. Agent Contact Details		
Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):	Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  H + 4 4	
<b>12. Site Visit</b> Can the site be seen from a public road, public footpath, bridleway or	rother public land? The	
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	r other public land?	
If Other has been selected, please provide:  Contact name:		
CHRISTOS PIERIDES	Telephone number: 0750125 3080	

CHRISTOS @ CHAPOUK. CO.UK.

Email address: