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Planning Services Camden Town Hall Argyle Street London WC1H 8EQ

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

For office use

Telephone

: 020 7974 1911 : 020 7974 5713 Date Payee

App. No.

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:	MR. \$Mes First name:	Title: Me. First name: 2 LE
Last name:	KKDAS	Last name: Mon 20
Company (optional):		Company (optional): Zac Mous Aren. Touts
Unit:	House number: 4 House suffix:	Unit: House number: 21 House suffix:
House name:	Jake .	House name:
Address 1:	WEST MONTH DENF	Address 1: Solow Rom
Address 2:		Address 2:
Address 3:		Address 3:
Town:	Campon	Town:
County:	Longon	County: Landon
Country:	UK	Country: U.K
Postcode:	NW11 79H	Postcode: Sw2 5uu

3. Site Address Details	A Dra amplication Advisor			
Please provide the full postal address of the application site.	4. Pre-application Advice Has assistance or prior advice been sought from the local			
House Land House	authority about this application?			
Unit: number: 3 rouse suffix:				
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: HOUFOLD POND	application more efficiently). Please tick if the full contact details are not			
Address 2:	known, and then complete as much as possible:			
	Officer name:			
Address 3:				
Town: Lownow	Reference:			
County: LowDow				
Postcode (optional): NU3 IAD	Date (DD/MM/YYYY):			
Description of location or a grid reference.	(must be pre-application submission)			
(must be completed if postcode is not known):	Details of pre-application advice received?			
Easting: Northing:				
Description:				
EXCAPATION TO CLEATE BLYENMENT WITH MYSHARD ROPHICATS WITH'N AMEDEN, AND INSTANATION OF CITE LIFT TO FRANT GARDEN.				
Reference number: 2 1/491/P Date of decision: 8 1 6 1 20 (Date must be pre-application submission) (DD/MM/YYYY)				
Please state the condition number(s) to which this application relate	Submission (DD/MIND 1111)			
1. (6) Remodiation STRATERY	6.			
2. (7)-Permediation Summe	7.			
3.	8.			
4.	9.			
5.	10.			
Has the development already started?	Yes No			
(date must be pre-application				
(date must be pre-application				
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre application)				
6. Discharge Of Condition				
Please provide a full description and/or list of the materials/details that are being submitted for approval:				
ROSET: TJ 2237 WRI: POMEDIATION STATEST & SUMME.				
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 re	elates to:			
1.1	,			

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 The 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 this form and the accompanying plans/drawings and additional information. Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY): (date cannot be pre-application)				
Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	11. Agent Contact Details Telephone numbers Country code: National number: 444 Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): 2xx 2 2 - M - A . Co. W			
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) If Other has been selected, please provide: Contact name: Telephone number: Email address:				