

Planning Services Camden Town Hall Argyle Street London WC1H 8EQ

Telephone Fax

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Date Payee App. No.

For office use



\$Date:: 2010-03-19 #\$ \$Revision: 2368 \$

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. Applic	ant Name and Address	2. Agent	Name and Address
Title:	First name:	Title:	MN First name: $STELt^{2}$
Last name:		Last name:	TAYLON
Company (optional):	NETWORK RAL INVRAGTIRICTURE (70)	Company (optional):	NETWORK RAIL INVRATION CLORES UT
Unit:	House House number: Suffix:	Unit:	House House suffix:
House name:	KINGS RACE	House name:	
Address 1:	GO YOKK WAY	Address 1:	1 ELTRIHOUT STREET
Address 2:		Address 2:	
Address 3:		Address 3:	
Town:	LOMDON	Town:	Lamoon
County:		County:	
Country:		Country:	
Postcode:	NI 9AS	Postcode:	NWI ZON
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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 authority about this application?				
onic: number: suffix:					
name: KINGI KROSS STATION	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1: EUSTON ROAD	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:				
Town: LOMOON	ANTONIA POULL				
County:	Reference:				
Postcode (ontional): NCCAP	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:	DURING REGUAR HURITAGE				
Description:	CITIONO INDE ETTIOS.				
5. Description Of Your Proposal					
Please provide a description of the approved development as shown and date of decision in the sections below:	on the decision letter, including the application reference number				
REVERLOPMENT OF KINS'S CROCK	STATION				
	(Date must be pre-application				
Reference number: $2006/3394/L$ Date of decision:	Submission) (DD/MM/YYYY)				
Please state the condition number(s) to which this application relates					
1. CONDITION 6.	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?	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:					
SEE CONER LETTER					
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:					
SEE CONER LETTOR					

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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 th information. Signed - Applicant:	nis form and the accompanying plans/drawings and additional Or signed - Agent:		
Date (DD/MM/YYYY): 【多.ひり」(G (date cannot be pre-application)			
10. Applicant Contact Details	11. Agent Contact Details		
Telephone numbers Extension number: Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Country code: Fax number (optional): Email address (optional): Image: Country code image: Country country code image: Country c	Telephone numbers Extension number: Country code: National number: DOM947419 Country code: Mobile number (optional): Country code: Fax number (optional): Country code: Fax number (optional): Email address (optional):		
	Steven. taylor Que mark Vail. co. n		
12. Site Visit Can the site be seen from a public road, public footpath, bridleway or If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (<i>Please select only one</i>) If Other has been selected, please provide: Contact name:	r other public land? Yes No Agent Applicant Other (if different from the agent/applicant's details) Telephone number:		
Email address:			