

Planning Services Camden Town Hall Argyle Street London WC1H 8EQ Email (enquiries only): env.devcon@camden.gov.uk : 020 7974 1911

Telephone Fax

: 020 7974 5713

For office use 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. Applic	ant Name and Address	2. Agent Name and Address			
Title:	First name:	Title:	mvz	First name:	STEVE
Last name:		Last name:	TAYLO	ગર	
Company (optional):	VETWORLF RAIL INVESTIGATION CTURE CTD	Company (optional):	NETHO	266 1871 L	hunztptkectures ch
Unit:	House House suffix:	Unit:		House number:	House suffix:
House name:	KING'S PLACE	House name:			
Address 1:	90 YOVEK WAY	Address 1:	1 EV	PRSHOU !	TREET
Address 2:		Address 2:		***************************************	
Address 3:		Address 3:			
Town:	LONSON	Town:	Long	PON	
County:		County:			
Country:		Country:			
Postcode:	NIGAG	Postcode:	NW1	202	

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 House number: suffix:	authority about this application? Yes No					
House name: KING'S CROSS 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: EVSTON 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: ANTONA POWLL					
Town: Lawa N	Reference:					
County:						
Postcode (optional): N QAV	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 REGLER HERITAGE					
Description:	CLAISON METTINGS					
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					
	~~~					
REDEVELOYMENT OF KING; CROPS I	1/A (10N					
Reference number: 7006/3394(L) Date of decision:	(Date must be pre-application					
Please state the condition number(s) to which this application relates:						
1. COMPITION 20 Aii	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 the	nat are being submitted for approval:					
SET CONTR LETTER						
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:						
SEE CONTR LETTER						

Please read the following checklist to make sure you have sent all the information required will result in your application being deemed invited the Local Planning Authority has been submitted.	information in support of your proposal. Failure to submit all valid. It will not be considered valid until all information required by					
The original and 3 copies of a The	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):  [ 18   05   2010						
10. Applicant Contact Details	11. Agent Contact Details					
Telephone numbers	Telephone numbers					
Country code: National number:  Country code: Mobile number (optional):	Country code: National number:  Country code: National number:  Country code: Mobile number (optional):  Extension number:  Country code: Mobile number (optional):					
Country code: Fax number (optional):  Email address (optional):	Country code: Fax number (optional):  Email address (optional):					
	Steven taylor & vehicor vail cont					
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? ( <i>Please select only one</i> )	Agent Applicant Other (if different from the agent/applicant's details)					
If Other has been selected, please provide:						
Contact name:	Telephone number:					

Email address: