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

Telephone

Fax

: 020 7974 1911

: 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

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.

t is 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 |
|----------------------------|--------------------------------|---|
| Title: | MR First name: ROBERT | Title: MR First name: DAVID |
| Last name: | FEVER | Last name: WESTON-THOMAS |
| Company (optional): | | Company (optional): ALAN HIGGS ARCHITECTS |
| Unit: | House number: 19 House suffix: | Unit: House number: 173 House suffix: |
| House name: | | House name: |
| Address 1: | CLEVELAND SQUARE | Address 1: SEYMOUR PLACE. |
| Address 2: | | Address 2: |
| Address 3: | | Address 3: |
| Town: | CONDON | Town: LONDON |
| County: | | County: |
| Country: | | Country: |
| Postcode: | W2 6D6 | Postcode: W1H·4PW |

| 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 suffix: | authority about this application? | | | |
| House Sunix. | If Yes, please complete the following information about the advice | | | |
| Address 1: HOLLYCROFT AVENUE | you were given. (This will help the authority to deal with this application more efficiently). | | | |
| Address 2: HOUYCROFT AVENUE | Please tick if the full contact details are not known, and then complete as much as possible: | | | |
| | Officer name: | | | |
| Address 3: | | | | |
| Town: LONDON | Reference: | | | |
| County: | | | | |
| Postcode (optional): NW3 7QN | 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: | | | | |
| | | | | |
| | | | | |
| | | | | |
| 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: | Tort the decision retter, including the application reference number | | | |
| PLEASE FIND DESCRIPTION APP | PENDED: | | | |
| | | | | |
| | | | | |
| Reference number: $ 200/0065/ $ P Date of decision: | (Date must be pre-application submission) (DD/MM/YYYY) | | | |
| Please state the condition number(s) to which this application relate | | | | |
| 1. | 6. | | | |
| (2) HARD+SOFT LANDSCAPING | 7. | | | |
| 3. | 8. | | | |
| (4) PROTECTION OF TREES | 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 | | | |
| Has the development been completed? Yes No | | | | |
| (data must be ave application | | | | |
| If Yes, please state when the development was completed (DD/MM/ | submission) | | | |
| 6. Discharge Of Condition | | | | |
| Please provide a full description and/or list of the materials/details the | nat are being submitted for approval: | | | |
| · DESCRIPTION OF PROPOSALS | | | | |
| • DRAWING PD - 039 | | | | |
| 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: | | | | |
| | | | | |
| | | | | |

| information required will result in your application being deemed inv the Local Planning Authority has been submitted. | valid. It will not be considered valid until all information required by |
|--|---|
| completed and dated application form: or in | original and 3 copies of other plans and drawings formation necessary to describe the subject of the application: |
| The correct fee: ✓ £25.00 | |
| 9. Declaration I/we hereby apply for planning permission/consent as described in the information. Signed - Applicant: Date (DD/MM/YYYY): IT/MAY/2010 (date cannot be pre-application) | or signed - Agent: D.H. Weston-Thomas |
| 10. Applicant Contact Details | 11. Agent Contact Details |
| Telephone numbers Country code: National number: 44 | Telephone numbers Country code: National number: 44 |
| 12. Site Visit Can the site be seen from a public road, public footpath, bridleway or lift 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: Email address: | r other public land? Yes No Applicant Other (if different from the agent/applicant's details) Telephone number: |
| Name of the second seco | |

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