

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council'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. Applie	cant Name and Address	2. Agent Name and Address
Title:	First name:	Title: MR First name: STEVE
Last name:		Last name: TAY COL
Company (optional):	NETWORK BAIL INFRASTRUCTURES LTDO	Company (optional): METWORK PALL INFRATRICURE LTD.
Unit:	House number: House suffix:	Unit: House number: House suffix:
House name:	KING'S PLACE	House name: (EVERTHO-7 STREET
Address 1:	90 YOVEK WAY	Address 1:
Address 2:		Address 2:
Address 3:		Address 3:
Town:	LONDON	Town: Lawson
County:		County:
Country:		Country:
Postcode:	NI 9AS	Postcode: NM20N

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?			
Unit: House House suffix:				
House RING'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			
	known, and then complete as much as possible:			
Address 2:	Officer name:			
Address 3:	ANTONIA POMEL			
Town: LONGO N	Reference:			
County:				
Postcode (optional): NIGAP	Date (DD/MM/YYYY): (must be pre-application submission)			
Description of location or a grid reference.	Details of pre-application advice received?			
(must be completed if postcode is not known): Fasting: Northing:	DURING REGUMEN PRE-PAPP			
Edusing.	HERMAGE METINGS.			
Description:				
5. Description Of Your Proposal	own on the decision letter, including the application reference number			
and date of decision in the sections below:	Without the decision retropy and a second retropy a			
REDEVELOPMENT OF KINI'S CROSS	MATION.			
	(Date must be pre-application			
Reference number: 2006/3394/L Date of decision	Sacrinosteri, (2 2)			
Please state the condition number(s) to which this application rel	6.			
1. CONDITION ZOA XVIII				
2.	7.			
3.	8.			
4.	9.			
5.	10.			
	Yes No			
Has the development already started?	(date must be pre-application			
If Yes, please state when the development started (DD/MM/YYY)				
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	alls that are being submitted for approval:			
Please provide a full description and/or list of the materials/details that are being submitted for approval:				
SEE COLUR 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 applicati	Officiales to.			

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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.				
3 copies of a completed and dated application form:	3 copies of other plans and drawings or information necessary to describe the subject of the application:			
	necessary to describe the subject of the application.			
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			
D . (DD (MM 4000)				
Date (DD/MM/YYYY):				
10. Applicant Contact Details	11. Agent Contact Details			
Telephone numbers	Telephone numbers			
Extension	Extension			
Country code: National number: number:	Country code: National number: number:			
	00 MOY 7419			
Country code: Mobile number (optional):	Country code: Mobile number (optional):			
Country code: Fax number (optional):	Country code: Fax number (optional):			
, and the second				
Email address (optional):	Email address (optional):			
Email address (optional):				
	steven.taylor@remarkvail.co.uk			
12 Cita Visia				
12. Site Visit				
Can the site be seen from a public road, public footpath, bridleway or other public land? Yes				
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Agent Applicant Other (if different from the agent/applicant's details)			
If Other has been selected, please provide:				
Contact name:	Telephone number:			

Email address: