

2010/0573/P



Planning Services
Camden Town Hall
Argyle Street
London WC1H 8EQ

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Telephone : 020 7974 1911
Fax : 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

RECEIVED
28 JAN 2010

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

Title:		First name:	
Last name:	ST GILES COURT GENERAL PARTNER LIMITED		
Company (optional):			
Unit:	House number:	House suffix:	
House name:			
Address 1:	C / O AGENT		
Address 2:			
Address 3:			
Town:			
County:			
Country:			
Postcode:			

2. Agent Name and Address

Title:	MR	First name:	SEBASTIAN
Last name:	KNOX		
Company (optional):	GERALD EVE LLP		
Unit:	7	House number:	
House name:			
Address 1:	VERE STREET		
Address 2:			
Address 3:			
Town:	LONDON		
County:			
Country:			
Postcode:	W14 0JB		

3. Site Address Details

Please provide the full postal address of the application site.

Unit:	<input type="text"/>	House number:	1-13	House suffix:	<input type="text"/>
House name:	ST GILES COURT				
Address 1:	ST GILES HIGH STREET				
Address 2:	<input type="text"/>				
Address 3:	<input type="text"/>				
Town:	LONDON				
County:	<input type="text"/>				
Postcode (optional):	WC2H 8LB				
Description of location or a grid reference. (must be completed if postcode is not known):					
Easting:	<input type="text"/>	Northings:	<input type="text"/>		
Description: <input type="text"/>					

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? ☐ Yes ☒ No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible: ☐

Officer name:	<input type="text"/>
Reference:	<input type="text"/>
Date (DD/MM/YYYY): (must be pre-application submission)	<input type="text"/>
Details of pre-application advice received: <input type="text"/>	

5. 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:

REDEVELOPMENT OF SITE FOR MIXED-USE REDEVELOPMENT COMPRISING OFFICE (CLASS B1), RETAIL (CLASS A1), FOOD AND DRINK (CLASS A3), COMMUNITY (CLASS D1) AND RESIDENTIAL (CLASS C3) USES, NEW PUBLIC COURTYARD AND NEW PEDESTRIAN ROUTES ACROSS THE SITE.

Reference number: **2005/0259/P** Date of decision: **04/10/2006** (Date must be pre-application submission) (DD/MM/YYYY)

Please state the condition number(s) to which this application relates:

1.	CONDITION 31	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):

MID 2007 (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 COVERING 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:

FULL DISCHARGE SOUGHT

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 completed and dated application form: ☒

The original and 3 copies of other plans and drawings or information 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:

Gerald Eve LLP **GERALD EVE LLP**

Date (DD/MM/YYYY):

28/01/2010

(date cannot be pre-application)

10. Applicant Contact Details

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: Extension number:

 020 7333 6432

Country code: Mobile number (optional):

Country code: Fax number (optional):

 020 7333 6402

Email address (optional):

SKNOX@GERALDEVE.COM

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)

☒ Agent

☐ Applicant

☐ Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address: