

2009/5646/P Camden

Planning Services
Camden Town Hall
Argyle Street
London WC1H 8EQ

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Telephone : 020 7974 1911
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For office use
Date
Payee
App. No.

Fee

W

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

RECEIVED 30 NOV 2009

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. Applicant Name and Address

Title:		First name:	
Last name:			
Company (optional):	YEWACLE LIMITED		
Unit:	House number:	House suffix:	
House name:	C/O GAWARD HOMES LIMITED		
Address 1:	P. O. BOX 206		
Address 2:			
Address 3:			
Town:	LOUGHTON		
County:	ESSEX		
Country:			
Postcode:	IG10 1PL		

2. Agent Name and Address

Title:		First name:	
Last name:			
Company (optional):	OSEL ARCHITECTURE LIMITED		
Unit:	House number:	House suffix:	
House name:	26		
Address 1:	OLDBURY PLACE		
Address 2:			
Address 3:			
Town:	LONDON		
County:			
Country:			
Postcode:	W1U 5PL		

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

Description of location or a grid reference.
(must be completed if postcode is not known):

Easting: Northing:

Description:

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:

Reference:

Date (DD/MM/YYYY):
(must be pre-application submission)

Details of pre-application advice received?

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 TO PROVIDE 3 NEW BUILDINGS COMBINING 76 RESIDENTIAL UNITS 416 sqm COMMERCIAL FLOOR SPACE, 41 CAR PARKING SPACES WITH NEW VEHICLE ACCESS FROM FELLOWS ROAD (AS AMENDED BY CERTIFICATE OF LAWFULNESS 2008/0315/P DATED 01/07/2008)

Reference number: Date of decision: (Date must be pre-application submission) (DD/MM/YYYY)

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

1.		7.	
2.	(20) DETAILS OF PLANT (INCLUDING	8.	
3.	ON ACOUSTIC BARRIER) TO BE	9.	
4.	INSTALLED AS PART OF THE	10.	
5.	DEVELOPMENT.		

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:

DRAWINGS 2716 DO18E, DO19E, DO20D.
BARKOUBIS "PLANT NOISE ANALYSIS" DATED 26/11/09 REF 3556/cmb

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:

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:

Date (DD/MM/YYYY):

(date cannot be pre-application)

ON BEHALF OF OSEL ARCHITECTURE LTD.

10. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:
<input type="text"/>	<input type="text" value="0208418 1000"/>	<input type="text"/>
Country code:	Mobile number (optional):	
<input type="text"/>	<input type="text"/>	
Country code:	Fax number (optional):	
<input type="text"/>	<input type="text" value="0208418 3600"/>	

Email address (optional):

11. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:
<input type="text"/>	<input type="text" value="020 7224 2447"/>	<input type="text"/>
Country code:	Mobile number (optional):	
<input type="text"/>	<input type="text"/>	
Country code:	Fax number (optional):	
<input type="text"/>	<input type="text" value="020 7224 2997"/>	

Email address (optional):

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: