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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

2009/2857/L

## 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					
Title:	First name:					
Last name:						
Company (optional):	NETWORK KAIL INVIRATION	WOTURE LTV				
Unit:	House number:	House suffix:				
House name:	HE KING'S PLACE					
Address 1:	90 YORKWAY					
Address 2:						
Address 3:						
Town:	MOOMON					
County:						
Country:						
Postcode:	NI 9AG					

z. Agent	Name and Address						
Title:	MR First name: STEVE						
Last name:	TAYLOR						
Company (optional):	METWORK RAIL INFRASTRUCTURE LITO						
Unit:	House number: House suffix:						
House name:							
Address 1:	I EVERSTIOLT STREET						
Address 2:	Part of the state						
Address 3:							
Town:	LONGON						
County:							
Country:							
Postcode:	NW(20N						

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 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: EUS TON 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:  ANTONIA POWELL			
Town: LOWON	Reference:			
County:				
Postcode (optional): NI 9AP	Date (DD/MM/YYYY):			
Description of location or a grid reference. (must be completed if postcode is not known):	(must be pre-application submission)  Details of pre-application advice received?			
Easting: Northing:	DURNG REGULAR KING'S CROSS			
Description:	HERITAGE MEETING			
5. Description Of Your Proposal  Please provide a description of the approved development as show and date of decision in the sections below:  Alterahous to and republishment or published your to include installation or published.	n on the decision letter, including the application reference number			
shed 100 ft to include installation of po	orocolvai O.			
Reference number: 2007   2611/L Date of decision:	(Date must be pre-application			
Please state the condition number(s) to which this application relate	submission) (DD/MM/YYYY)			
1. Conorhan 4iv)	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	(date must be pre-application submission)			
6 Dischause Of Condition				
6. Discharge Of Condition Please provide a full description and/or list of the materials/details to	hat are being submitted for approval:			
SEE ATTACHED COVER CETTER				
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 re	elates to:			

8 Planning	Application	Requirements -	Checklist	g			
Please read the information req	following checuired will resul	klist to make sure yo	u have sent all the		pport of your proposal. Failure to considered valid until all informat		
The original and 3 copies of a completed and dated application form:				original and 3 copies of other plans and drawings information necessary to describe the subject of the application:			
The correct fee:							
9. Declaration	Rain and the second						
I/we hereby app information.	oly for planning	permission/consent	as described in th	nis form and the ac	companying plans/drawings and	additional	
Signed - Applic	ant:			Or signed Agen	t:		
					~		
Date (DD/MM/)	YYYY):		,				
01/07/00	7	(date cannot be pre	e-application)				
10. Applicant Contact Details			11. Agent Contact Details				
Telephone numbers			Telephone numbers				
Country code:	National nun	nber:	Extension number:	Country code:	National number:	Extension number:	
					020 7904 7419		
Country code:	Mobile number (optional):			Country code:	Mobile number (optional):		
					44595805620		
Country code:	Fax number	(optional):	7	Country code:	Fax number (optional):		
Email address (optional):				Email address (optional):			
				steven.ta	ylor@networkrail.co	·UK	
12 Cita Viale							
12. Site Visit		blic road, public foot	nath bridleway or	other public land	7 Days DNs		
If the planning a	authority need:	s to make an appoint ney contact? (Please s	ment to carry	Agent	Applicant Other (if o	different from the	
If Other has bee			creet only one,		□ · · · □ agent/app	plicant's details)	
Contact name:			Telephone number:				

Email address: