

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

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For office use

App. No

Date Payee

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. Applic	ant Name and Address	2. Agent	Name and Address
Title:	First name:	Title:	Ms First name: HANNA
Last name:		Last name:	KURNEL
Company (optional):	LONDON & NEW CASTLE (CAMDEN)LTD	Company (optional):	TATE&HINDLE DESIGN LTD
Unit:	House number: House suffix:	Unit:	House number: House suffix:
House name:		House name:	
Address 1:		Address 1:	LINDSEY STREET
Address 2:		Address 2:	
Address 3:		Address 3:	
Town:		Town:	LONDON
County:		County:	
Country:		Country:	
Postcode:		Postcode:	ECIA 9HP

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: 30 House number: House suffix:	authority about this application?				
House name:	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1: OVAL 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: SHARON O'CONNELL \ VICTORIA FOWLIS				
Town: LONDON	Reference:				
County:					
Postcode (optional): NW 1 7DE	Date (DD/MM/YYYY): (must be pre-application submission)				
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?				
Easting: Northing:					
Description:					
5. Description Of Your Proposal					
Please provide a description of the approved development as shown and date of decision in the sections below:					
THE SUBSTANTIAL REDEVELOPMENT TO CREATE A	+ PART-4, PART-5, PART-6 STOREY BUILDING				
THE SUBSTANTIAL REDEVELOPMENT TO CREATE A PLUS BASEMENT TO PROVIDE OFFICE SPACE (CLASS RESIDENTIAL USE (CLASS C3) PROVIDING A TOTAL	BI) AT GROUND AND BAJEMENT LEVELS AND OF TO SELF - CONTAINED FLATS WITH ANCILLARY				
LANDSCAPING, TO GETHER WITH ALTERATIONS TO THE RETAINED ELEVATIONS.					
Reference number: 2009/0066/P Date of decision: 09/04/2009 (Date must be pre-application submission) (DD/MM/YYYY)					
Please state the condition number(s) to which this application relate					
1. CONDITION1 - A SAMPLE PANEL	6.				
2. OF ALL FACING MATERIALS	7.				
3. <u>CONDITION 4</u> - TYPICAL DETAILS	8.				
4. OF ALL WINDOWS	9.				
5.	10.				
Has the development already started?	▼ Yes No				
If Yes, please state when the development started (DD/MM/YYYY):	29. 10. 200 7 (date must be pre-application submission)				
Has the development been completed?	Yes V 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:					
PLEASE REFER TO ENCLOSED DRAWING SCHEDULE.					
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:					

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:	original and 3 copies of other plans and drawings iformation necessary to describe the subject of the application:				
The correct fee:					
9. Declaration /we hereby apply for planning permission/consent as described in the nformation. Signed - Applicant:	his form and the accompanying plans/drawings and additional Or signed - Agent:				
	THD				
Date (DD/MM/YYYY): 29 / 04 / 2009 (date cannot be pre-application)					
10. Applicant Contact Details	11. Agent Contact Details				
Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional):	Telephone numbers Country code: National number: D207 332 4850 Country code: Mobile number (optional): Country code: Fax number (optional):				
Email address (optional):	Email address (optional):				
12. Site Visit					
Can the site be seen from a public road, public footpath, bridleway or other public land? Yes No f the planning authority needs to make an appointment to carry Applicant Other (if different from the					
out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide:	Agent Applicant Other (if different from the agent/applicant's details)				
Contact name:	Telephone number:				

Email address: