

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

Telephone Fax : 020 7974 1911

: 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 何便 [[

996 G E | V E | 2 0 FEB 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		2. Agent Name and Address
Title:	First name:	Title: MR First name: BRUCE
Last name:		Last name: MCALLON
Company (optional):	THE RESTAURANT GROUP PLC	Company (optional): NICHOLSAN DESIGN PARAMETSHIP
Unit:	House House suffix:	Unit: House number: House suffix:
House name:		House name:
Address 1:	5-7 MARSHAUSER ROAD	Address 1: SKVILLE ROW
Address 2:		Address 2:
Address 3:		Address 3:
Town:	LONDON	TOWN: NEUCASTLE UPON TYNE
County:		County:
Country:	ENALAND	Country: "ENGLAND
Postcode:	SELIEP	Postcode: NEISTE

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 number: House suffix:	authority about this application? Yes No			
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: CARFUNKEUS RESTAURANT	application more efficiently).  Please tick if the full contact details are not			
Address 2: 26A-267 TOTTENHAM CT. RD.	known, and then complete as much as possible:			
Address 3:	Officer name:			
Town: LONDON	Reference:			
County:	Ticrence.			
Postcode (optional): WIT 7RQ	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:	Francisco de principio de la constante de la c			
Description:				
redeveloped site				
5. Description Of Your Proposal				
Please provide a description of the approved development as shows and date of decision in the sections below:	n on the decision letter, including the application reference number			
DEMOLITION & REDEVELOPMENT OF	SITE TO PRIVIDE SIX STOREY BUILDING			
PLUS EASIMENT FOR RETAIL (CLASS HI) RE	STAURANT (A3) OFFICE (CLASS BI) AND			
DEMOLITION & REDEVELOPMENT OF SITE TO PRIVIDE SIX STOREY BUILDING PLUS BASEMENT FOR RETAIL(CUSS H) RESTAURANT (AS) OFFICE (CLASS BI) AND TRESIDENTIAL UNITS.				
Reference number: 2004/1953/P Date of decision: 30/09/04 (Date must be pre-application submission) (DD/MM/YYYY)				
Please state the condition number(s) to which this application relate	S:			
1.	6.			
2.	7.			
3.	8.			
4.	9.			
5. DETAILS OF VENTILATION OF AS UNIT	10.			
Has the development already started?	Yes No			
If Yes, please state when the development started (DD/MM/YYYY):	0! /01/05 (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. Discharge Of Condition				
Please provide a full description and/or list of the materials/details the	nat are being submitted for approval:			
Please provide a full description and/or list of the materials/details the	nat are being submitted for approval:  MS TOBE INSTANCE TO RESTAURANT (UNITC)			
Please provide a full description and/or list of the materials/details the DETRUS OF INSTRUMENTAL OF VENTILATION SYSTEM AT GROWND FLOOR & BASSINENT SEE SEPARATE	nat are being submitted for approval:  MS TOBE INSTANCE TO RESTAURANT (UNITC)			
Please provide a full description and/or list of the materials/details the petkus of instruction of ventuation system of around floor & basement _see separate.  7. Part Discharge Of Condition(s)	nat are being submitted for approval:  MS TOBE INSTAMMED TO RESIDENT WHIT (UNITC)  SHEET FOR UST OF INFORMATION ENCLOSED.			
Please provide a full description and/or list of the materials/details the DETRUS OF INSTRUMENTAL OF VENTILATION SYSTEM AT GROWND FLOOR & BASSINENT SEE SEPARATE	submission)  nat are being submitted for approval:  MS TOBE INSTAMAD TO RESIDENT WITT (UNITC)  SHEET FOR UST OF INFORMATION ENCLOSED.  Yes No			
Please provide a full description and/or list of the materials/details the perkus of instruction of ventuation system. The perkus of instruction of ventuation system. The second of the materials/details the perkus of instruction of the perkus o	submission)  nat are being submitted for approval:  MS TOBE INSTAMAD TO RESIDENT WITT (UNITC)  SHEET FOR UST OF INFORMATION ENCLOSED.  Yes No			

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 inv the Local Planning Authority has been submitted.	ralid. It will not be considered valid until all information required by		
The original and 3 copies of a Completed and dated application form:	original and 3 copies of other plans and drawings formation necessary to describe the subject of the application:		
The correct fee:			
9. Declaration			
We hereby apply for planning permission/consent as described in the information.	is form and the accompanying plans/drawings and additional		
Signed - Applicant:	Or sighadh Agent:		
	(for Micholson Dosign)		
Date (DD/MM/YYYY):	4 WWW		
(date cannot be pre-application)			
10. Applicant Contact Details	11. Agent Contact Details		
Telephone numbers	Telephone numbers		
Country code: National number: Extension number:	Extension		
radional number.	National number: number:		
Country code: Mobile number (optional):	Country code: Mobile number (optional):		
Country code: Fax number (optional):	Country code: Fax number (optional):		
	0191 2614912		
Email address (optional):	Email address (optional):		
	truce Dricholson-design.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 t			
If Other has been selected, please provide:	agent/applicant's details)		
Contact name:	Telephone number:		
Email address:			