

2009/20381P

 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

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. Applicant Name and Address

Title:		First name:	
Last name:			
Company (optional):	LONDON BOROUGH OF CAMDEN		
Unit:		House number:	
		House suffix:	
House name:			
Address 1:	CULTURE & ENVIRONMENT		
Address 2:	7TH FLOOR, CAMDEN TOWN HALL		
Address 3:	ARGYLE STREET		
Town:	LONDON		
County:			
Country:	UK		
Postcode:	WC1H 8EQ		

2. Agent Name and Address

Title:	MR	First name:	DAVID
Last name:	ANDERSON		
Company (optional):	ROBERTS LIMBRICK LIMITED		
Unit:		House number:	
		House suffix:	
House name:	CHEDWORTH HOUSE		
Address 1:	FALCON CLOSE		
Address 2:	BRISTOL ROAD		
Address 3:	BUEDGELEY		
Town:	GLOUCESTER		
County:	GLOUCESTERSHIRE		
Country:	UK		
Postcode:	GL2 4LY		

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name:

Address 1: **KENTISHTOWN SPORTS CENTRE**

Address 2: **PRINCE OF WALES ROAD**

Address 3:

Town: **LONDON**

County:

Postcode (optional): **NW5 3LE**

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:

NEIL McDONALD

Reference:

APPLICATION 2007/4426/P
MEETING REPORT 2007/2635

Date (DD/MM/YYYY):

(must be pre-application submission)

27/06/07

Details of pre-application advice received?

**MEETING WITH NEIL McDONALD,
CONSERVATION & URBAN DESIGN,
AND ENGLISH HERITAGE - ADVICE
GENERALLY.**

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:

**REFURBISHMENT & RESTORATION OF GRADE II LISTED SPORTS CENTRE
TO PROVIDE 2 SWIMMING POOLS / LEARNER POOL, GYM & STUDIO
SPACE WITH ALTERATIONS, LIMITED DEMOLITIONS AND EXTENSIONS
TO PROVIDE 10 RESIDENTIAL FLATS & 4 TOWN HOUSES.**

Reference number: **2007/4426/P**

Date of decision: **27/06/07**

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

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

1.	CONDITION 19 (LANDSCAPING)	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):

24/6/2008

(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 - 0877/L(90)001, 0877/A(90)001, 0877/A(90)002
SPECIFICATION CLAUSE Q40 FOR REPAIRS/NEW RAILINGS
SPECIFICATION CLAUSE Q50 FOR CYCLE HOOPS + BROXAP PRODUCT DATA SHEET.**

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:

3. 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: **£85** ☐ ← **PAYMENT MADE BY INTERNAL TRANSFER REF ESDS DT0333**

9. Declaration

☒ 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: **ON BEHALF OF ROBERTS LIMBRICK LTD**

D.W.C. Anderson

Date (DD/MM/YYYY):

21.04.2009

(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:

0044

0333 405500

-

Country code:

Mobile number (optional):

Country code:

Fax number (optional):

Email address (optional):

david.anderson@robertsLimbrick.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: