## :2009/1568/NEW.

2 4 MAR 2009



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

Telephone : 020 7974 1911 Fax : 020 7974 5713

For office use Date Payee App. No.

Fee LZS

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:	MrtMs First name:	Title:	First name:    **M**  **L
Last name:	FRANKIMN	Last name:	Sandi
Company (optional):	40 AGENT	Company (optional):	SANEI HUPKINS ARCHIPEZAS
Unit:	House number: House suffix:	Unit:	House number: House suffix:
House name:		House name:	ARENDEN HOUSE
Address 1:		Address 1:	22-24 HIGHBURY GROVE
Address 2:		Address 2:	
Address 3:		Address 3:	·
Town:		Town:	M H DO H
County:		County:	Physica
Country:		Country:	UK
Postcode:		Postcode:	N5 VEA

8				
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: 19 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: GROVE TEXMANDE	application more efficiently).  Please tick if the full contact details are not			
Address 2:	known, and then complete as much as possible:  Officer name:			
Address 3: LONDON	JOANHA ECUERNE			
	Reference:			
County:	PLE MPLIUMION MEETING			
Postcode (optional): NW5 IPH	Date (DD/MM/YYYY): (must be pre-application submission)  65(03/1009)			
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?			
Easting: Northing:	DETATILS DISCUSSED AND ARROACH			
Description:	AGREEN IN PRINCILE SUDJECT			
TEMPALED HOUSE.	TO BROWN APPLICATION & APPROVAL			
5. Description Of Your Proposal				
	n on the decision letter, including the application reference number			
	som at car and intend			
Etection of a new lower ground floor extension at near and intend ellerations				
Reference number: 200 \$   2026   L 200 \$   1856   P	(Date must be pre-application submission) (DD/MM/YYYY)			
Please state the condition number(s) to which this application related 1.	es: 6.			
2. Approval of structural francisco and metrical	7.			
3. I having extension to house	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			
Has the development been completed?  Yes No				
If Yes, please state when the development was completed (DD/MM/				
6. Discharge Of Condition  Please provide a full description and/or list of the materials/details the	nat are being submitted for approval			
PUERSE SEE DUMINY				
7. Part Discharge Of Condition(s)				
Are you seeking to discharge only part of a condition?	☐ Yes No			
Are you seeking to discharge only part of a condition?  If Yes, please indicate which part of the condition your application re	☐ Yes <b>N</b> o			

8. Planning Application Requirements - Checklist					
Please read the following checklist to make sure you have sent all the information required will result in your application being deemed in 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 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 t information.	his form and the accompanying plans/drawings and additional				
Signed - Applicant:	Or signed - Agent:				
·	h+1				
Date (DD/MM/YYYY):					
(date cannot be pre-application)					
10. Applicant Contact Details	11. Agent Contact Details				
Telephone numbers Go AGENT	Telephone numbers  Extension				
Country code: National number: Extension number:	Country code: National number: number:				
	00 44 207 704 1901 -				
Country code: Mobile number (optional):	Country code: Mobile number (optional):				
Country code: Fax number (optional):	Country code: Fax number (optional):				
Email address (optional):	Email address (optional):				
	amir. se sanei hopkins. co.uk				
12. Site Visit					
Can the site be seen from a public road, public footpath, bridleway or other public land? Yes					
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:					
AMIR SANGT	0207 704 1901				

amir. se sanei hopkins. co.uk

Email address: