## Application for approval of details reserved by condition.

## Town and Country Planning Act 1990

## Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

## 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	2. Agent Name and Address				
Title:	First name:	Title:	MR First name: STELL			
Last name:		Last name:	TAYLOR			
Company (optional):	NETWORK BAILINGSTRUCTURE LID	Company (optional): NETWORK CALL INFRASTRUCTIVE JD				
Unit:	House House suffix:	Unit:	House House suffix:			
House name:	KINST PLACE	House name:				
Address 1:	go york may	Address 1:	1 EVERSHOLT STREET			
Address 2:		Address 2:				
Address 3:		Address 3:	10 miles (10 mil			
Town:	Lowood	Town:	LOWON			
County:		County:				
Country:		Country:				
Postcode:	NI SAS	Postcode:	NW: 20N			

	ddress Details	4. Pre-application Advice			
Please prov	vide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?			
Unit:	House number: House suffix:	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this			
House name:	KINGS CROSS STATION				
Address 1:	EVSTON 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:			
Town:	LONOON	Reference:			
County:		The street			
Postcode (optional): Description	n of location or a grid reference.  completed if postcode is not known):	Date (DD/MM/YYYY): (must be pre-application submission)			
Easting:		Details of pre-application advice received?			
Description	Northing:	INFORMAL ADVICE PROMIDED			
Please pro	ption Of Your Proposal  vide a description of the approved development as show f decision in the sections below:	own on the decision letter, including the application reference number			
Repet	reducing of kings cross.	STATION			
Reference r	number: 2006/3394/C Date of decision:	(Date must be pre-application submirries) (D2/MH) (MOD)			
	e the condition number(s) to which this application rela	submission) (DD/MM/YYYY)			
	ONORTION 8 - Services	6.			
	INDITION 32 - LIGHTINS	7.			
3.	in the second of	8.			
4.		9,			
5.	****	10.			
Has the de	velopment already started?	Yes No			
	se state when the development started (DD/MM/YYYY):	(date must be pre-application			
Has the de	velopment been completed?	yes No			
	se state when the development was completed (DD/MN	·			
5. Discha	arge Of Condition				
	vide a full description and/or list of the materials/details	s that are being submitted for approval:			
SEE (	COVER LETTER				
7. Part D	ischarge Of Condition(s)				
If Yes, pleas	eking to discharge only part of a condition? se indicate which part of the condition your application	Yes No			
CONDI	Troud + 32 - relating to s	suburban train shed lighting			

Diasce read the f	Application Requirements - Color following checklist to make sure you uired will result in your application b	have sent all the	information in sup	oport of your proposal. Failu	ire to submit all		
	uired will result in your application b ng Authority has been submitted.	eing deemed inv	and, it will not be	considered valid until all lills	Simation required by		
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:			1000				
information, I/w	on nly for planning permission/consent re confirm that, to the best of my/ou as of the person(s) giving them.	as described in the knowledge, any	is form and the ac facts stated are tri	companying plans/drawing ue and accurate and any opi	s and additional nions given are the		
Signed - Applic		-					
Date (DD/MM/	YYYY): 2013 (date cannot be pre	-эррмеалоп)					
10. Applicant Contact Details Telephone numbers		Extension	11. Agent Contact Details Telephone numbers Extension				
Country code:	National number:	number:	Country code:	National number:	number:		
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): Steven. taylor@networkvail. cake				
			Steven.	torylorenemon	20211. CO.6/12		
12. Site Visi	t seen from a public road, public foots	oath bridleway o	r other public land	17 TYes F No			
If the planning	authority needs to make an appoints whom should they contact? (Please se	ment to carry	Agent	□ Applicant □ Ot	her (if different from the ent/applicant's details)		
If Other has been selected, please provide: Contact name:			Telephone number:				

Email address:

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