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Development Management
 Camden Town Hall Extension
 Argyle Street
 London WC1H 8EQ

2013/6229/1600

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. Applicant Name and Address

Title:	M.	First name:	
Last name:	BEST.		
Company (optional):	GRAYS INN HOMES LTD		
Unit:	House number:	45	House suffix:
House name:			
Address 1:	BEDFORD ROW		
Address 2:			
Address 3:			
Town:	LONDON.		
County:			
Country:			
Postcode:	WC1R 4LN.		

2. Agent Name and Address

Title:	M.	First name:	IAN
Last name:	HALE		
Company (optional):	IAN HALE PLANNING & DESIGN LIMITED		
Unit:	House number:	2.	House suffix:
House name:			
Address 1:	PEARTREE CLOSE		
Address 2:			
Address 3:			
Town:	SHEFFORD		
County:	BEDFORDSHIRE		
Country:			
Postcode:	SG17 5JG.		

3. Site-Address Details

Please provide the full postal address of the application site.

Unit: House number: **24-28** House suffix:

House name:

Address 1: **GRAYS INN ROAD**

Address 2:

Address 3:

Town: **LONDON**

County:

Postcode (optional): **WC1X 8HP.**

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:

Mr. Ben Le Mare

Reference:

Date (DD/MM/YYYY):

(must be pre-application submission)

Details of pre-application advice received?

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:

ERECTOR OF A 5 STOREY BUILDING PLUS BASEMENT LEVEL COMPRISING OF 14 NO. SELF CONTAINED RESIDENTIAL UNITS (4 X 1 BED) 8 X 2 BED & 3 X 3 BEDS) AT FIRST TO FIFTH FLOOR LEVELS (921m²) AND OFFICE FLOOR SPACE (B1) AT BASEMENT & GROUND FLOOR LEVELS (498m²) INCLUDING DEMOLITION OF BUILDINGS

Reference number: **2012/0081/P.**

Date of decision: **12.04.2012**

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

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

1.	6.	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):

MAY 2013

(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:

SEE ATTACHED LETTER

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:

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: ☒

The original and 3 copies of other plans and drawings or 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 this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant:

Or

Date (DD/MM/YYYY):

20/08/2013. (date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country code:	Mobile number (optional):	
<input type="text"/>	<input type="text"/>	
Country code:	Fax number (optional):	
<input type="text"/>	<input type="text"/>	

Email address (optional):

11. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:
<input type="text"/>	01462 851774.	<input type="text"/>
Country code:	Mobile number (optional):	
<input type="text"/>	07818 07696.	
Country code:	Fax number (optional):	
<input type="text"/>	<input type="text"/>	

Email address (optional):

zonecontactconsultancy.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: