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

## Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) Act 1990

## 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.

| 1. Applicant Name, Address and Contact Details |  |                        |                 |                    |                     |  |  |  |  |  |
|--|--|------------------------|-----------------|--------------------|---------------------|--|--|--|--|--|
| Title: Mr                                      | First name: N  | Surname: Lyr           | mbouri          |                    |                     |  |  |  |  |  |
| Company name                                   |  | ]                      |                 |                    |                     |  |  |  |  |  |
| Street address:                                | Daphne Restaurant, 83 Bayham Street  | ]                      | Country<br>Code | National<br>Number | Extension<br>Number |  |  |  |  |  |
|  |  | Telephone number:      |                 |                    |                     |  |  |  |  |  |
|  |  | Mobile number:         |                 |                    |                     |  |  |  |  |  |
| Town/City                                      | London   | ]<br>T Fax number:     |                 |                    |                     |  |  |  |  |  |
| County:  |  |                        |                 |                    |                     |  |  |  |  |  |
| Country:                                       | United Kingdom   | Email address:         |                 |                    |                     |  |  |  |  |  |
| Postcode:                                      | NW1 0AG  |                        |                 |                    |                     |  |  |  |  |  |
|  | cting on behalf of the applicant? <ul> <li>Yes</li> <li>Address and Contact Details</li> </ul> | ○ No                   |                 |                    |                     |  |  |  |  |  |
| Title: Mr                                      | First Name: Peter  | Surname: Koumis        |                 |                    |                     |  |  |  |  |  |
| Company name:                                  | Vivendi Architects LTD   | ]                      |                 |                    |                     |  |  |  |  |  |
| Street address:                                | Unit E3U Ringway   |                        | Country<br>Code | National<br>Number | Extension<br>Number |  |  |  |  |  |
|  | Bounds Green Industrial Estate   | Telephone number:      |                 | 020 3232 4000      |                     |  |  |  |  |  |
|  |  | Mobile number:         |                 |                    |                     |  |  |  |  |  |
| Town/City                                      | London   | Fax number:            |                 |                    |                     |  |  |  |  |  |
| County:  |  |                        |                 |                    |                     |  |  |  |  |  |
| Country:                                       | United Kingdom   | Email address:         |                 |                    |                     |  |  |  |  |  |
| Postcode:                                      | N11 2UD  | info@vivendiarchitects | s.com           |                    |                     |  |  |  |  |  |

| 3. Site Address   | Detail                               | S   |                         |  |                                |  |              |  |  |              |                                    |                         |
|---|--------------------------------------|---|-------------------------|--|--------------------------------|--|--------------|--|--|--------------|------------------------------------|-------------------------|
| Full postal address   | of the sit                           | e (including                                | g full post             | code where                                   | e available)                   | 1                                      | Desci        | ription:                                   |  |              |                                    |                         |
| House:  | 83                                   |   |                         | Suffix:                                      |                                |  |              |  |  |              |                                    |                         |
| House name:   | Daphne                               | Restaurant                                  | t                       |  |                                |  |              |  |  |              |                                    |                         |
| Street address:   | Bayham                               | Street                                      |                         |  |                                |  |              |  |  |              |                                    |                         |
|   |                                      |   |                         |  |                                |  |              |  |  |              |                                    |                         |
| Town/City:  | London                               |   |                         |  |                                |  |              |  |  |              |                                    |                         |
| County:   |                                      |   |                         |  |                                |  |              |  |  |              |                                    |                         |
| Postcode:   | NW1 0A                               | G   |                         |  |                                |  |              |  |  |              |                                    |                         |
| Description of locat<br>(must be completed  |                                      |   |                         |  |                                |  |              |  |  |              |                                    |                         |
| Easting:  |                                      | 529068                                      |                         |  |                                |  |              |  |  |              |                                    |                         |
| Northing:   |                                      | 183730                                      |                         |  |                                |  |              |  |  |              |                                    |                         |
|   |                                      |   |                         |  |                                |  |              |  |  |              |                                    |                         |
| 4. Pre-applicat   | ion Ad                               | vice  |                         |  |                                |  |              |  |  |              |                                    |                         |
| Has assistance or pr  | ior advic                            | e been sou                                  | ght from                | the local au                                 | ithority abo                   | out this application                   | on?          |  | • Yes (                                | No           |                                    |                         |
| If Yes, please compl  | ete the f                            | ollowing in                                 | formatior               | about the                                    | advice you                     | u were given (this                     | s will he    | elp the authority to                       | o deal with this                       | application  | more e                             | fficiently):            |
| Officer name:   |                                      | -   |                         |  | -                              |  |              | -  |  |              |                                    |                         |
| Title: Mr   | Firs                                 | st name:                                    | Jason                   |  |                                |  |              | Surname: Tra                               | ves                                    |              |                                    |                         |
| Reference:  |                                      | 013/4763/P                                  |                         |  |                                |  |              |  |  |              |                                    |                         |
| Date (DD/MM/YYYY  |                                      |   |                         |  |                                |  |              |  |  |              |                                    |                         |
|   | Ľ                                    |   | solvod:                 | ] (  | h hh.                          |  | ,            |  |  |              |                                    |                         |
| Details of the pre-application advice received:<br>Regarding the information required to formally discharge Condition 8.  |                                      |   |                         |  |                                |  |              |  |  |              |                                    |                         |
| 5. Description of   |                                      | -   | ormany u                | ischarge co                                  |                                |  |              |  |  |              |                                    |                         |
| Please provide a de<br>Details of privacy sc<br>5/12/12 (ref: 2012/5<br>windows, creation c<br>Application reference  | reens (co<br>288/P), f<br>of roof te | ondition 4),<br>or the chan<br>rrace and al | acoustic r<br>ge of use | report (con<br>of first to th<br>to doors ar | dition 8). so<br>hird floor fr | ound insulation (<br>rom restaurant (C | conditi      | on 9) and extracto<br>3) to 2 self-contain | or unit (conditio<br>ed flats (Class C | 3) and asso  | nning po<br>ciated ir<br>of decisi | Istallation of 2 dormer |
| Please state the cor  | dition n                             | ــ<br>umber(s) to                           | which th                | is applicati                                 | on relates:                    |  |              |  |  |              |                                    |                         |
| Condition number(   | s):                                  |   |                         |  |                                |  |              |  |  |              |                                    |                         |
| -   | nt alread                            | v started?                                  |                         | Vos  |                                | If Vos plazas                          | stato w      | hen the develop                            | nont was started                       | 4.           |                                    | 01/01/2014              |
| Has the development already started?               Yes             No             If Yes, please state when the development was started:             01/01/2014 |                                      |   |                         |  |                                |  |              |  | 01/01/2014                             |              |                                    |                         |
| Has the developme   | nt been (                            | completed                                   | ?                       | () Yes                                       | No                             |  |              |  |  |              |                                    |                         |
| 6. Discharge of   | Condi                                | tion(s)                                     |                         |  |                                |  |              |  |  |              |                                    |                         |
| Please provide a ful<br>Please refer to the a   |                                      |   |                         |  |                                |  |              |  | ndition 8/Appr                         | oval of deta | ails.                              |                         |
| 7. Part Discharg  | ge of C                              | ondition                                    | (s)                     |  |                                |  |              |  |  |              |                                    |                         |
| Are you seeking to  | discharge                            | e only part (                               | of a condi              | ition?                                       | C                              | Yes 💿 N                                | lo           |  |  |              |                                    |                         |
| 8. Site Visit   |                                      |   |                         |  |                                |  |              |  |  |              |                                    |                         |
| Can the site be seer  | n from a j                           | oublic road,                                | , public fo             | otpath, bri <sup>,</sup>                     | dleway or o                    | other public land                      | ?            |  | Yes 🔿 I                                | lo           |                                    |                         |
| If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)                            |                                      |   |                         |  |                                |  |              |  |  |              |                                    |                         |
| • The agent   | 0                                    | The applic                                  |                         | O Other p                                    |                                |  |              | - ·  | ,                                      | ·            |                                    |                         |
| 9. Declaration  |                                      |   |                         |  |                                |  |              |  |  |              |                                    |                         |
|   |                                      |   | an /                    | ا ما   | (he o al 1 - 1 - 1             |  |              | milina alema ( )                           | 1                                      |              |                                    |                         |
| I/we hereby apply for<br>additional informati<br>opinions given are t   | on. I/we                             | confirm tha                                 | at, to the b            | cest of my/o                                 | our knowle                     |  |              | 5 01                                       | 0                                      | $\boxtimes$  | Date                               | 16/09/2014              |
|   |                                      |   |                         |  | Ref. 2                         | 7: 6060 Planning Porta                 | al Reference | P:   | 003                                    | 671269       |                                    |                         |