

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

: 020 7974 1911 Telephone : 020 7974 5713 Fax

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

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. Applica	ant Name and Address	2. Agent Name and Address		
Title:	Mrs First name: Kathleen	Title:	Mr First name	
Last name:	Formosa	Last name:	Atkinson	
Company (optional):	The Architectural Association Inc.	Company (optional):	Wright & Wright A	
Unit:	House number: 32-39 House suffix:	Unit:	House number:	
House name:		House name:		
Address 1:	32-39 Bedford Square	Address 1:	89-91 Bayham Str	
Address 2:		Address 2:		
Address 3:		Address 3:		
Town:	London	Town:	London	
County:		County:		
Country:	England	Country:	England	
Postcode:	WC1B 3ES	Postcode:	NW1 0AG	

Title:	Mr	First name:	Tom		
Last name:	Atkinson				
Company (optional):	Wright & Wright Architects LLP				
Unit:		House number: 89	9-91 House suffix:		
House name:					
Address 1:	89-91 Bayham Street				
Address 2:					
Address 3:					
Town:	London				
County:					
Country:	England				
Postcode:	NW1 0A	∖G			

3. Site Address Details Please provide the full postal address of the application site. Unit: House number: 33-34 House suffix:	4. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? Yes No					
House name: Address 1: 33-34 Bedford Square Address 2: Address 3: Town: London County: Postcode (optional): WC1B 3ES (optional): Description of location or a grid reference. (must be completed if postcode is not known): Easting: Northing: Description: Nos. 32-39 Bedford Sq. are a combination of Georgian, Victorian, 19th	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: Antonia Powell Reference: n/a Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received? Advice received at time of original Listed Building Consent application					
Nos. 32-39 Bedford Sq. are a combination of Georgian, Victorian, 19th & 20th Century buildings which are inhabited by the Architectural Association.						
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: Discharge of conditions for lateral connection 2.4 at second floor level between nos. 33-34 Bedford Square						
Reference number: $2011/2810/L$ Date of decision: Please state the condition number(s) to which this application relates	01.09.11 (Date must be pre-application submission) (DD/MM/YYYY)					
1. 2. All new external and internal works and finishes and works of making good to the retained fabric, shall match the existing 3. 4. 5. Has the development already started? If Yes, please state when the development started (DD/MM/YYYY):	6. 7. Details of all new & relocated services & related fixtures. 8. 9. New joinery work shall match existing joinery work adjacent. 10. Yes X No (date must be pre-application submission)					
Has the development been completed? If Yes, please state when the development was completed (DD/MM/	Yes X No (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:						
Drawing Nos: 180_LC & P2-429_LC						
7. Part Discharge Of Condition(s) Are you seeking to discharge only part of a condition? If Yes, please indicate which part of the condition your application relates to:						

	ist to make sure you n your application be	have sent all the		pport of your proposal. Failure to se considered valid until all information	
The original and 3 copies of a completed and dated applicatio	n form: 🏻 🖾	The or in	original and 3 cop formation necessa	ies of other plans and drawings rry to describe the subject of the ap	plication: 🛚
The correct fee:	X				
9. Declaration I/we hereby apply for planning prinformation. Signed - Applicant: Date (DD/MM/YYYY): 02.09.13	ermission/consent a				al
10. Applicant Contact De	tails		11. Agent Co	ontact Details	
Telephone numbers			Telephone num	bers	
Country code: Country code: Email address (optional).		Extension number:	Country code: Country code: Country code: Email address (and the state of the st	National number: 0207 428 9393 Mobile number (optional): Fax number (optional): 0207 428 9394 optional): characteristics are also as a second control of the control	Extension number:
12. Site Visit					_
Can the site be seen from a publi If the planning authority needs to out a site visit, whom should the If Other has been selected, please Contact name:	o make an appointmo y contact? (Please sele	ent to carry	other public land X Agent Telephone num	Applicant Other (if di	fferent from the licant's details)
Email address:	***************************************				