

Email: planning@camden.gov.uk

Phone: 020 7974 4444 Fax: 020 7974 1680 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

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				2. Agent Name and Address					
Title:	Mr.	First name:	MARK		Title:	MV.	First name:	IAM	
Last name:	BEST				Last name:	HALE			
Company (optional):	GRAYS INH HOMES (PROPERTIES) LTD				Company (optional):	DESIGN LIMITED			
Unit:		House number:	45	House suffix:	Unit:		House [House suffix:	
House name:					House name:				
Address 1:	BEDFORD ROW				Address 1:	PERRIREG CLOSE			
Address 2:					Address 2:				
Address 3:					Address 3:		W		
Town:	LOWDOW.				Town:	SHE FFORD			
County:					County:	BED	FORDS	HIRE	
Country:					Country:				
Postcode:	UXIR	ALU.			Postcode:	6G17	5JG.		

3. Site Address Details			e-application Advice
Please provide the full postal address House	House		sistance or prior advice been sought from the local rity about this application?
unit: number:	1-28 suffix:	3250	
House name:		you we	please complete the following information about the advice ere given. (This will help the authority to deal with this
Address 1: GRASS INN	ROPO.		ation more efficiently). tick if the full contact details are not
Address 2:			, and then complete as much as possible:
Address 3:		Office	r name:
Town: LODDON		L_	
County:		Refere	ence:
Pastrada (Date (DD/MM/YYYY):
(optional): USCIX SHP. Description of location or a grid referen	2000	(must l	be pre-application submission)
(must be completed if postcode is no		Detail	s of pre-application advice received?
Easting: No	orthing:		
Description:			
5. Description Of Your Propo	sal		
Please provide a description of the ar		on the c	decision letter, including the application reference number
ERECTION OF A US	TORKY PSYLLODING P		SPASEMENT LEVEL COMPRISING OF
14 SELF CONTAINET	D REGIDEDMAL UID	ITS ((4x1bod) By Zbed & 3x 3bod) AT
BASEMENT & GROWN	FLOOR LEVEL (4485	qm)r	OFFICE FLOOR STATE (CLASEBI) AT
Reference number: 2012/08	Date of decision:	19:0	4: 2012 (Date must be pre-application submission) (DD/MM/YYY)
Please state the condition number(s)	to which this application relates	S:	2005-03-22-03-20-00-00-00-00-00-00-00-00-00-00-00-00-
1. 0		6.	
2.		7.	
3.		8.	
4,		9.	
5,		10.	
Has the development already started	7		Yes No
If Yes, please state when the develop	ment started (DD/MM/YYYY):	ſ	(date must be pre-application submission)
Has the development been complete	d?	1	Yes PNo
		,,,,,,,, [(date must be pre-application
If Yes, please state when the develop	ment was completed (DD/MM/	TTTT): [submission)
6. Discharge Of Condition			
Please provide a full description and/	or list of the materials/details th	at are be	eing submitted for approval:
SEE ATTACHED!	ETTER.		
7. Part Discharge Of Conditio	n(s)		
Are you seeking to discharge only pa			Hes Wo
If Yes, please indicate which part of the		lates to:	

- 1

Please read the follo information require		ke sure you h oplication bei	ave sent all the		pport of your proposal. Failure to considered valid until all informa				
The original and 3 copies of a completed and dated application form:			The or in	e original and 3 copies of other plans and drawings information necessary to describe the subject of the application:					
The correct fee:	P			, , , , , , , , , , , , , , , , , , , ,					
information. I/we co	onfirm that, to the bes f the person(s) giving	t of my/our k	described in the	nis form and the ac facts stated are tru	ccompanying plans/drawings and ue and accurate and any opinions	additional given are the			
24:05:20		not be pre-ap	pplication)						
10. Applicant Contact Details Telephone numbers Extension				11. Agent Contact Details Telephone numbers Extension					
Country code: Na	ational number:		number:	Country code:	National number: 01492 851 774	number:			
Country code: Mobile number (option		al):		Country code:	Mobile number (optional): 0181807848. Fax number (optional):				
Country code: Fa	Country code:								
Email address (option	onal):		1	Email address (optional): ican exantale conscultancy. com.					
If the planning auth out a site visit, whor	from a public road, p ority needs to make a n should they contact lected, please provide	n appointme t? (Please selei	nt to carry	other public land Agent Telephone numl	Applicant Other (if agent/ap	different from the oplicant's details)			