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 Addre	ss		2. Agent	Name a	and Address
Title:	Mr & Mrs	First name:	Ronal	d & Sophie	Title:	Mr	First name
Last name:	Sopher				Last name:	Colen	nan
Company (optional):	c/o 4orm				Company (optional):		
Unit:		louse number:		House suffix:	Unit:		House number:
House name:					House name:		
Address 1:	1-5 Offord	Street			Address 1:	1-5 Of	ford Street
Address 2:					Address 2:		
Address 3:					Address 3:		
Town:	London				Town:	Lond	on
County:					County:		
Country:					Country:		
Postcode:	N1 1DH				Postcode:	N1 1	DH

Title:	Mr First name: Stephen
Last name:	Coleman
Company (optional):	
Unit:	House House suffix:
House name:	
Address 1:	1-5 Offord Street
Address 2:	
Address 3:	
Town:	London
County:	
Country:	
Postcode:	N1 1DH

3. Site Address Details						tion Advice		
Please provide the full postal address of the application site.					Has assistance or prior advice been sought from the local authority about this application?			
Unit:	Hou	nber: 16	House suffix:	autho	only about th	is application? Yes	No	
House name:						olete the following information about his will help the authority to deal wi		
Address 1:	Address 1: Alma Street				application more efficiently). Please tick if the full contact details are not			
Address 2:				_		complete as much as possible:		
Address 3:					er name: Mr Gideon	Whittingham		
Town:	London				Mr Gideon Whittingham Reference:			
County:					2013/1611	P		
Postcode (optional):	NW5 3DJ				Date (DD/MM/YYYY): 21/08/2014			
Description	of location or a	grid reference. code is not know	m).	100000	(must be pre-application submission) Details of pre-application advice received?			
100 mg - 200	528826	Northing					ho	
Description		Northing	104001		Telephone conversation giving guidance on the submisson of information to discharge conditions			
Description	! *							
		200 H-100						
얼마나 아이들 때 아이를 다 했다.	ption Of You] [[[] [] [] [] [] [] [] [] [] [] [] []						
Please prov and date of	ride a description decision in the	n of the approved sections below:	d development as sh	nown on the	decision lett	er, including the application referen	ce number	
Replacem	nent of single	storey rear ext	tension with part	one part tv	o storey fu	Il width rear extension located	at lower	
						of front lightwell including elev		
alterations	s to front and	rear façade ar	id installation of r	ooflight to	main roof o	of single dwellinghouse (Class	C3).	
Reference n		2013/1611/P	Date of decision		/05/2013	(Date must be pre-application submission) (DD/MM/YYYY)		
Please state		number(s) to whi	ch this application re	elates:	1			
1.	4&5			6.				
2.				7.				
3.				8.				
4.				9.				
5.				10.				
Has the dev	velopment alrea	dy started?			Yes	■ No		
If Yes, please state when the development started (DD/MM/YYYY):				(date must be pre-applicati submission)	on			
Has the dev	velopment been	completed?			Yes	■ No		
If Yes, pleas	se state when th	ne development v	was completed (DD/	MM/YYYY):		(date must be pre-applicati submission)	on	
6. Discha	rge Of Cond	ition						
			of the materials/deta	ils that are b	eing submit	ted for approval:		
						neer and Approved Inspector		
Condition 5: To be discharged following submission of material sample for rear extension to be handmade Cotswold buff brick by Coleford Brick & Tile Ltd.								
=								
7. Part Di	ischarge Of C	Condition(s)				92-1850 00-18500		
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 Require Please read the following checklist to ma information required will result in your ap the Local Planning Authority has been su	ke sure you have sent all the oplication being deemed in					
The original and 3 copies of a completed and dated application form:	■ The or in	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 /we hereby apply for planning permission formation. I/we confirm that, to the best genuine opinions of the person(s) giving	st of my/our knowledge, any	his form and the ac y facts stated are tru	companying plans/drawings ue and accurate and any opin	and additional lions given are the		
Signed - Applicant:		Or signed - Agen				
		Stepher	Clemn			
Date (DD/MM/YYYY):		1.00				
22/09/2014 (date car	nnot be pre-application)					
10. Applicant Contact Details			ontact Details			
Telephone numbers Country code: National number: c/o 4orm Country code: Mobile number (option	Extension number:	Country code: Country code:	National number: 02071837045 Mobile number (optional):	Extension number:		
Country code: Fax number (optional):		Country code:	Fax number (optional):			
Email address (optional):		Email address (c	optional):			
12. Site Visit						
Can the site be seen from a public road, p f the planning authority needs to make a out a site visit, whom should they contac	an appointment to carry	Agent	□ Applicant □ Othe	er (if different from the		
f Other has been selected, please provide		<u></u>	□ ' ' ager	nt/applicant's details)		
Contact name:	Telephone number:					

Email address: