

Email: planning@camden.gov.uk
 Phone: 020 7974 4444
 Fax: 020 7974 1680

Development Management
 Regeneration and Planning
 London Borough of Camden
 Judd Street
 London WC1H 8ND

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: First name: Surname:

Company name:

Street address:

Town/City:

County:

Country:

Postcode:

Telephone number: Country Code: National Number: Extension Number:

Mobile number:

Fax number:

Email address:

Are you an agent acting on behalf of the applicant? Yes No

2. Agent Name, Address and Contact Details

Title: First Name: Surname:

Company name:

Street address:

Town/City:

County:

Country:

Postcode:

Telephone number: Country Code: National Number: Extension Number:

Mobile number:

Fax number:

Email address:

3. Site Address Details

Full postal address of the site (including full postcode where available)

Description:

House:	<input type="text" value="41"/>	Suffix:	<input type="text"/>
House name:	<input type="text"/>		
Street address:	<input type="text" value="Chester Terrace"/>		
	<input type="text"/>		
Town/City:	<input type="text" value="London"/>		
County:	<input type="text" value="Camden"/>		
Postcode:	<input type="text" value="NW1 4ND"/>		

Description of location or a grid reference
(must be completed if postcode is not known):

Easting:	<input type="text" value="528724"/>
Northing:	<input type="text" value="182896"/>

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):

Officer name:

Title:	<input type="text" value="Mrs"/>	First name:	<input type="text" value="Antonia"/>	Surname:	<input type="text" value="Powell"/>
--------	----------------------------------	-------------	--------------------------------------	----------	-------------------------------------

Reference:

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

Details of the pre-application advice received:

Progress of works reviewed at the on-site visit.

5. Description of Proposal

Please provide a description of the approved development as shown on the decision letter:

Amendments to approved applications 2013/1888/L and 2013/1426/P, including proposed changes to demolition schedule, internal alterations, external repairs including repairs to exterior walls, boundary walls, adjustment to rooflight, bespoke metal grilles over lightwell, ship ladder to external hatch, balcony railings, boundary railings and the installation of 5 X security cameras to external facades of building.

Application reference number:	<input type="text" value="2014/4977/P"/>	Date of decision:	<input type="text" value="10/12/2014"/>
-------------------------------	--	-------------------	---

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

Condition number(s):

Has the development already started? Yes No If Yes, please state when the development was started:

Has the development been completed? Yes No

6. Discharge of Condition(s)

Please provide a full description and/or list of the materials/details that are being submitted for approval:

1. SLHA Statement_Discharge of condition 6 of 2014-4977-P
 2. 41 42 Chester Terrace - Boundary Wall Railings Repair Method Statement 09 12 15 Rev A
 3. Shaun Stallard scope of works_Redacted

7. Part Discharge of Condition(s)

Are you seeking to discharge only part of a condition? Yes No

8. 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)

The agent The applicant Other person

If Other has been selected, please provide:

Contact name:

Title: First name: Surname:

Telephone number:

Country code: National number: Extension number:

Email Address:

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.



Date