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 Phone: 020 7974 4444  
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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:	<input type="text" value="Mr"/>	First name:	<input type="text" value="Richard"/>	Surname:	<input type="text" value="Mortimer"/>
Company name:	<input type="text" value="PegasusLife"/>				
Street address:	<input type="text" value="Royal Court"/>	Telephone number:	Country Code	National Number	Extension Number
	<input type="text" value="Church Green Close"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text" value="Kings Worthy"/>		Mobile number:	<input type="text"/>	<input type="text"/>
Town/City:	<input type="text" value="Winchester"/>	Fax number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
County:	<input type="text"/>	Email address:	<input type="text"/>		
Country:	<input type="text" value="United Kingdom"/>				
Postcode:	<input type="text" value="S023 7TW"/>				
Are you an agent acting on behalf of the applicant? <input checked="" type="radio"/> Yes <input type="radio"/> No					

**2. Agent Name, Address and Contact Details**

Title:	<input type="text" value="Mr"/>	First Name:	<input type="text" value="Jennifer"/>	Surname:	<input type="text" value="Ross"/>
Company name:	<input type="text" value="Tibbalds Planning and Urban Design"/>				
Street address:	<input type="text" value="19 Maltings Place"/>	Telephone number:	Country Code	National Number	Extension Number
	<input type="text" value="169 Tower Bridge Road"/>		<input type="text"/>	<input type="text" value="0207 089 2121"/>	<input type="text"/>
	<input type="text"/>		Mobile number:	<input type="text"/>	<input type="text"/>
Town/City:	<input type="text" value="London"/>	Fax number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
County:	<input type="text"/>	Email address:	<input type="text" value="jennifer.ross@tibbalds.co.uk"/>		
Country:	<input type="text" value="United Kingdom"/>				
Postcode:	<input type="text" value="SE1 3JB"/>				

### 3. Site Address Details

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

Description:

House:	<input type="text" value="79"/>	Suffix:	<input type="text"/>
House name:	<input type="text" value="Arthur West House"/>		
Street address:	<input type="text" value="Fitzjohn's Avenue"/>		
Town/City:	<input type="text" value="London"/>		
County:	<input type="text" value="Camden"/>		
Postcode:	<input type="text" value="NW3 6PA"/>		

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

Easting:	<input type="text" value="526431"/>
Northing:	<input type="text" value="185513"/>

### 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="Mr"/>	First name:	<input type="text" value="David"/>	Surname:	<input type="text" value="Da Costa"/>
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Reference:

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

Details of the pre-application advice received:

### 5. Description of Proposal

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

Demolition of hostel and erection of 3-6 storey building plus roof plant enclosure and excavation of 2 storey basement to provide 33 self contained wheelchair accessible flats for the care and well-being of older people (13 x 2bed and 20 x 3-bed) including ancillary extra care and treatment rooms, restaurant, health and well being facility, gym, communal lounges, guest suite, cycle and mobility scooter storage and staff facilities with basement level car park, communal garden and associated landscaping.

Application reference number:  Date of decision:

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:

### 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

### 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