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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: 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"/>	Suffix:	<input type="text"/>
House name:	<input type="text" value="New End Nurses Home"/>		
Street address:	<input type="text" value="29 New End"/>		
Town/City:	<input type="text" value="London"/>		
County:	<input type="text" value="Camden"/>		
Postcode:	<input type="text" value="NW3 1JD"/>		

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

Easting:	<input type="text" value="526473"/>
Northing:	<input type="text" value="186030"/>

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

Yes No

5. Description of Proposal

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

Erection of a 7 storey block to provide 17 self contained residential units (Class C3), (comprising 2 x studio, 5 x 2 bedroom, 6 x 3 bedroom, and 4 x 4 bedroom units) with associated roof terraces, plus new vehicular access and basement parking for 17 cars; new pedestrian access, refuse store and substation on front boundary; green roofs; communal open space and landscaping, following demolition of existing nurses' hostel (Sui Generis).

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

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