

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 N	ame, Address and Contact Details					
Title: Mr	First name: Richard	Surname:	Mortimer			
Company name	PegasusLife]				
Street address:	Royal Court]	Country Code	National Number	Extension Number	
	Church Green	Telephone number	r:			
	Kings Worthy	Mobile number:				
Town/City	Winchester					
County:	Hampshire	Fax number:				
Country:	United Kingdom	Email address:	ddress:			
Postcode:	S023 7TW					
		○ No				
2. Agent Name	e, Address and Contact Details First Name: Jennifer	Surname:	Ross			
Company name:	Tibbalds Planning and Urban Design]				
Street address:	19 Maltings Place		Country Code	National Number	Extension Number	
	169 Tower Bridge Road	Telephone number	r:	0207 089 2121		
		Mobile number:				
Town/City	London	Fax number:]		
County:						
Country:	United Kingdom	Email address:				
Postcode:	SE1 3JB	jennifer.ross@tibba	Ilds.co.uk			

3. Site Address	Details							
Full postal address	of the site (inclu	ding full postcode where	available)	_	Description:			
House:	79	Suffix:						
House name:	Arthur West Ho	use						
Street address:	Fitzjohn's Aven	ue						
Town/City:	London							
County:	Camden							
Postcode:	NW3 6PA							
Description of locat (must be completed								
Easting:	526431							
Northing:	185513							
								\exists
4. Pre-applicat	ion Advice							
Has assistance or pr	ior advice been	sought from the local au	thority abo	out this application	n?	• Yes	No	
If Yes, please comp	ete the followin	g information about the a	advice you	were given (this	will help the authori	ty to deal with this app	plication more efficiently):	
Officer name:								
Title: Mr	First name	e: David			Surname:	Peres Da Costa		
Reference:								
Date (DD/MM/YYYY):	(Must be	pre-applic	ation submission))			
Details of the pre-a	oplication advice	e received:						
5. Description of	of Proposal							
· · ·		approved development a				v bacomont to provide	22 solf contained wheelshair accessib	
Demolition of hostel and reception 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 2 bed & 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 cooter storage and staff facilities with basement level car park, communal garden and associated landscaping.								
Application reference	ce number:	2014/7851/P					Date of decision: 24/08/2015	
Please state the cor	ndition number(s) to which this applicatio	on relates:					
Condition number(s):							
Has the development already started? • Yes • Yes • No If Yes, please state when the development was started: • 01/01/2016 •								
Has the developme	nt been comple	ted? C Yes	No					
6. Discharge of	Condition(s)						
Please provide a ful	I description and	d/or list of the materials/r	letails that	are being submit	ted for approval.			
Please provide a full description and/or list of the materials/details that are being submitted for approval: Drawing 276/4295e								
Drawing 276/4405 Drawing 276/4406								
Landscape Manage	ment Plan							
7. Part Discharge of Condition(s)								
Are you seeking to discharge only part of a condition? O Yes No								
8. Site Visit								
Can the site be seer	n from a public n	oad, public footpath, bric	lleway or o	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	-	oplicant Other p	-	.,	.,			
ugoint								

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.