

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

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. Applicant Name and Address					
Title:	Ms	First name:	Anne-Noelle		
Last name:	Le Gal				
Company (optional):					
Unit:	Flat 1 House number: 286 House suffix:				
House name:					
Address 1:	Gray's Inn Road				
Address 2:					
Address 3:					
Town:	Kings Cross				
County:	London				
Country:	UK				
Postcode:	WC1X 8	EB	J		

2. Agent Name and Address					
Title:	Mr	First name:	Micha	el	
Last name:	Betts				
Company (optional):	Studio M12				
Unit:	House number: 12 House suffix:				
House name:					
Address 1:	Maycross Avenue				
Address 2:					
Address 3:					
Town:	Morden				
County:	Surrey				
Country:	UK				
Postcode:	SM4 4DA				

3. Site Address Details			re-application Advice			
Please provide the full postal address of the application site.			ssistance or prior advice been sought from the local rity about this application?			
Unit:	Flat 1 House number: 286 House suffix:	autilo	rity about this application? X Yes No			
House			If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this			
Address 1: Gray's Inn Road		application more efficiently). Please tick if the full contact details are not				
Address 2:	Address 2:		n, and then complete as much as possible:			
Address 3:		Officer name:  Kate Philips				
Town:	Kings Cross	Reference:				
County:	London	2015/2072/PRE				
Postcode (optional):		Date (DD/MM/YYYY): (must be pre-application submission) 09/04/2015				
Description (must be co	n of location or a grid reference. ompleted if postcode is not known):	Details of pre-application advice received?				
Easting:	Northing:	A possitive report, but requesting a few minor				
Description	n:		alterations. We met with Ms. Philips on site to			
			discuss the report and the planning application			
		whic	ch followed took on board all the comments.			
E Doccri	iption Of Your Proposal					
Please pro	•	on the	decision letter, including the application reference number			
Erection	n of replacement single storey rear extension		=			
accesse	ed from enlarged opening at first floor; insta	llation	of staircase in front lightwell and associated			
alteration	ons to front railings; replacement windows. I	Ref: 20				
Reference	number: 2015/3512/P Date of decision:	28/08	(Date must be pre-application submission) (DD/MM/YYYY)			
Please stat	te the condition number(s) to which this application relate	s:				
1.		6.				
2.		7.				
3. de	etails of privacy screens	8.				
4.	4.					
5.		10.				
Has the de	evelopment already started?		X Yes No			
If Yes, please state when the development started (DD/MM/YYYY):			11/04/2106 (date must be pre-application submission)			
Has the de	evelopment been completed?		Yes X No			
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)						
6. Discharge Of Condition						
	Please provide a full description and/or list of the materials/details that are being submitted for approval:					
Drawing A188-WD-301 showing construction details for proposed screens to terrace constructed						
from steel and timber stained to match other elements of the design.						
7. Part Discharge Of Condition(s)						
Are you seeking to discharge only part of a condition?  Yes X No						
If Yes, please indicate which part of the condition your application relates to:						

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.						
The original and 3 copies of a The original and 3 copies of other plans and drawings completed and dated application form:						
The correct fee:						
9. Declaration  I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.  Signed - Applicant:	nis form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the					
Date (DD/MM/YYYY):						
(date cannot be pre-application)						
10. Applicant Contact Details	11. Agent Contact Details					
Telephone numbers	Telephone numbers					
Country code: National number: Extension number:	Extension Country code: National number: number:					
Country code: Mobile number (optional):	Country code:					
Country code: Fax number (optional):  Email address (optional):	Country code:  Email address (or					
12. Site Visit						
Can the site be seen from a public road, public footpath, bridleway or other public land? Yes X No						
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	X Agent Applicant Other (if different from the agent/applicant's details)					
If Other has been selected, please provide:						
Contact name:	Telephone number:					
Fmail address:						