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Development Management Camden Town Hall Extension Argyle Street London WC1H 8EQ

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.

t 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:	First name:				
Last name:					
Company (optional):	THE CAVENDISH SCHOOL				
Unit:	House number: House suffix:				
House name:					
Address 1:	INVERNESS STREET				
Address 2:	CAMDEN				
Address 3:					
Town:	LONDON				
County:					
Country:					
ostcode:	NW1 7HB				

ear ear					
Title:	MISS	First name:	CIARAN		
Last name:	PANCE				
Company (optional):	BHM ARCHITECTS				
Unit:	1 48 .	House number:	House suffix:		
House name:					
Address 1:	WHITE HART LANE				
Address 2:	BARNES				
Address 3:					
Town:	LONDON				
County:					
Country:					
Postcode:	8W180	RA	PERMINAL		

2. Agent Name and Address

3. Site Address Details				ication Advice		
Please provide the full postal address of the application site.			Has assistance	or prior advice been sought from the local it this application?		
Unit:	number:	House suffix:		Yes No		
House name:	31		If Yes, please complete the following information about the advice, you were given. (This will help the authority to deal with this			
Address 1: INVERNESS STREET		application mo	application more efficiently). Please tick if the full contact details are not			
Address 2: CAMDEN			en complete as much as possible:			
Address 3:			Officer name:			
Town:	Town: LONDON			SEONAID CARR		
County:			Reference:	a setta. Laten.		
Postcode	NW1 7HB		2014/31	2014/3117/P Date (DD/MM/YYYY):		
(optional): Description	n of location or a grid reference	,	(must be pre-ar	(must be pre-application submission)		
[ompleted if postcode is not kno		- II	Details of pre-application advice received?		
Easting: Descriptio	Northi	ng:	DESISION	NOTICE WITH CONDITIONS		
Descriptio	T);		Management of the control of the con			
THE THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS O			THE PARTY CONTRACTOR OF THE PA			
	iption Of Your Proposal	, , , , , , , , , , , , , , , , , , , ,				
and date o	vide a description of the approvi of decision in the sections below	red developmenţ as shov r:	wn on the decision I	etter, including the application reference number		
				COMPRISING ASSEMBLY HALL		
	Rooms & Roof Pu			IG BOUNDARY TREATMONT 4		
A SOC	HARD & SO	OFT LANDSCAPI	NG			
Reference r	number: 2014/3117/P	Date of decision:	12/03/2019	(Date must be pre-application submission) (DD/MM/YYYY)		
Please stat	e the condition number(s) to w	hich this application rela	tes:			
1. C	CONDITION 3a		6,			
2. 0	ONDITION 36		7.			
3. C	CONDITION 4		8.			
4.			9.			
5.			10.			
Has the dev	velopment already started?		Yes	No		
If Yes, plea	se state when the developmen	started (DD/MM/YYYY):	29/06	/2015 (date must be pre-application submission)		
Has the dev	Has the development been completed?					
If Yes, plea:	If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)					
. Discha	rae Of Condition					
i. Discharge Of Condition Please provide a full description and/or list of the materials/details that are being submitted for approval:						
		TER 2684/00				
. Part Discharge Of Condition(s)						
Are you seeking to discharge only part of a condition?						
f Yes, please indicate which part of the condition your application relates to:						
CONDITI	-		CONDITION S	b - DETAILS OF MANIFESTATION		
CONDITIO	6N + - Means	of Englower		. * !		

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all thinformation required will result in your application being deemed in the Local Planning Authority has been submitted.	ne information in support of your proposal. Failure to submit all availed. It will not be considered valid until all information required by					
The original and 3 copies of a The completed and dated application form:	e original and 3 copies of other plans and drawings information necessary to describe the subject of the application:					
The correct fee:						
P. Declaration /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. Signed - Applicant: Or signed - Agent:						
	COOMO MISS C DANCE FOR					
Date (DD/MM/YYYY):	BHIM ARCHITECTS					
20 / 04 /2016 (date cannot be pre-application)						
0. Applicant Contact Details	11. Agent Contact Details					
Felephone numbers	Telephone numbers					
Country code: National number: Extension number:	Country code: National number: Extension number:					
44 020 7482 9208	44 020 8878 4667					
Country code: Mobile number (optional):	Country code: Mobile number (optional):					
Country code: Fax number (optional):	07879 G36739					
rax number (optional).	Country code: Fax number (optional):					
mail address (optional):	Email address (optional):					
bursar@ cavendish-school.co.uk cd@bhmarchitects.com						
2. Site Visit						
an the site he seen from a public road public feetbath bridlewey and the Line II.						
the planning authority needs to make an appointment to carry ut a site visit, whom should they contact? (Please select only one) Agent Applicant Applicant agent/applicant's details)						
Other has been selected, please provide: Ontact name: Telephone number:						
MRS SHARON CHEN COOPER	020 7482 9203					
mail address: bursar@caveodish-school.co.uk						