

Email: planning@camden.gov.uk

Phone: 020 7974 4444 Fax: 020 7974 1680 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

## 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 Na	ame, Address a	nd Contact Details							
Title: Mr	First Name:	Richard		Surname:	Mortimer				
Company name:	Pegasus Life	Pegasus Life							
Street address:	Church Green Close Tele								
			Telephone number:						
			Mobile number:						
Town/City:			Fax number:						
Country:			Email address:	Email address:					
Postcode:	SO23 7TW								
Are you an agent	acting on behalf of th	ne applicant?	Yes	lo					
2. Agent Name	, Address and C	Contact Details							
Title: Mr	First Name:	Senan		Surname:	Seaton Kelly				
Company name:	Tibbalds Planning	and Urban Design							
Street address:	19 Maltings Place  169 Tower Bridge Road								
			Telephone numb	oer: 0203	5983968				
			Mobile number:						
Town/City:	London		Fax number:						
Country:			Email address:						

3. Site Addres	ss Details							
Full postal addre	ss of the site (inclu	ding full postcode	where available)	Description:				
House:	79	Suffix:						
House name:	Arthur West Hous							
Street address:	Fitzjohn's Avenue							
Town/City:	LONDON							
Postcode:	NW3 6PD							
	cation or a grid refeated if postcode is r							
Easting:	526513							
Northing:	185411							
			-					
4. Pre-applica	tion Advice							
Has assistance o	or prior advice beer	sought from the I	ocal authority abo	out this application	?	☐ Yes    ●	No	
5. Description	of the Propos	al						
Please provide a	description of the	approved develop	ment as shown or	n the decision lette	er:			
Demolition of ho wheelchair acce restaurant, heal	stel and erection o	f 3 - 6 storey build care & well-being ility, gym, commur	ing plus roof plant of older people (1 nal lounges, gues	t enclosure and ex	cavation o	of 2 storey basement to puding ancillary extra-car coter storage and staff fa	e and treatment roo	oms,
Application refere	ence number:	2014/7851/F	<u> </u>			Date of decision:	28/08/2015	
Please state the	condition number(s	s) to which this app	olication relates:					
Condition number	er(s):							
		10 0 1/	- N					
Has the develop	ment already starte	d? 🔾 Yes (	No No					
6. Discharge	of Condition(s)							
Please provide a	full description and	d/or list of the mate	erials/details that	are being submitte	ed for appr	oval:		
Prior to the com	mencement of worl	on the superstru	cture, full details o	of a lighting strate	gy, to inclu	de information about per d to and approved in wri		
7. Part Discha	rge of Condition	on(s)						
Are you seeking	to discharge only p	art of a condition?	•					
8. Site Visit								
0	<b>f</b>		4L L.J.O	46		8 V 8 H		
	een from a public r				112	Yes     No		
if the planning at	itnority needs to ma	ake an appointme	nτ to carry out a s	ite visit, whom sho	ould they c	ontact? (Please select o	nıy one)	

8. Site Visit			
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	Date	13/07/2016	

true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

13/07/2016

 $\checkmark$ 

Date