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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.

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	2. Agent Name and Address
Title: <input type="text" value="MRS"/> First name: <input type="text" value="KATHARINE"/>	Title: <input type="text" value="MR"/> First name: <input type="text" value="JEREMY"/>
Last name: <input type="text" value="REID"/>	Last name: <input type="text" value="GANT"/>
Company (optional): <input type="text" value="—"/>	Company (optional): <input type="text" value="ORIGIN ARCHITECTURE LTD."/>
Unit: <input type="text"/> House number: <input type="text" value="17"/> House suffix: <input type="text"/>	Unit: <input type="text" value="—"/> House number: <input type="text" value="5"/> House suffix: <input type="text"/>
House name: <input type="text" value="GROVE TERRACE"/>	House name: <input type="text" value="FOREST WAY"/>
Address 1: <input type="text"/>	Address 1: <input type="text" value="LONDON"/>
Address 2: <input type="text"/>	Address 2: <input type="text"/>
Address 3: <input type="text"/>	Address 3: <input type="text"/>
Town: <input type="text" value="LONDON"/>	Town: <input type="text" value="LONDON"/>
County: <input type="text"/>	County: <input type="text"/>
Country: <input type="text"/>	Country: <input type="text"/>
Postcode: <input type="text" value="NW5 1PH"/>	Postcode: <input type="text" value="N19 5XG"/>

3. Site Address Details

Please provide the full postal address of the application site.

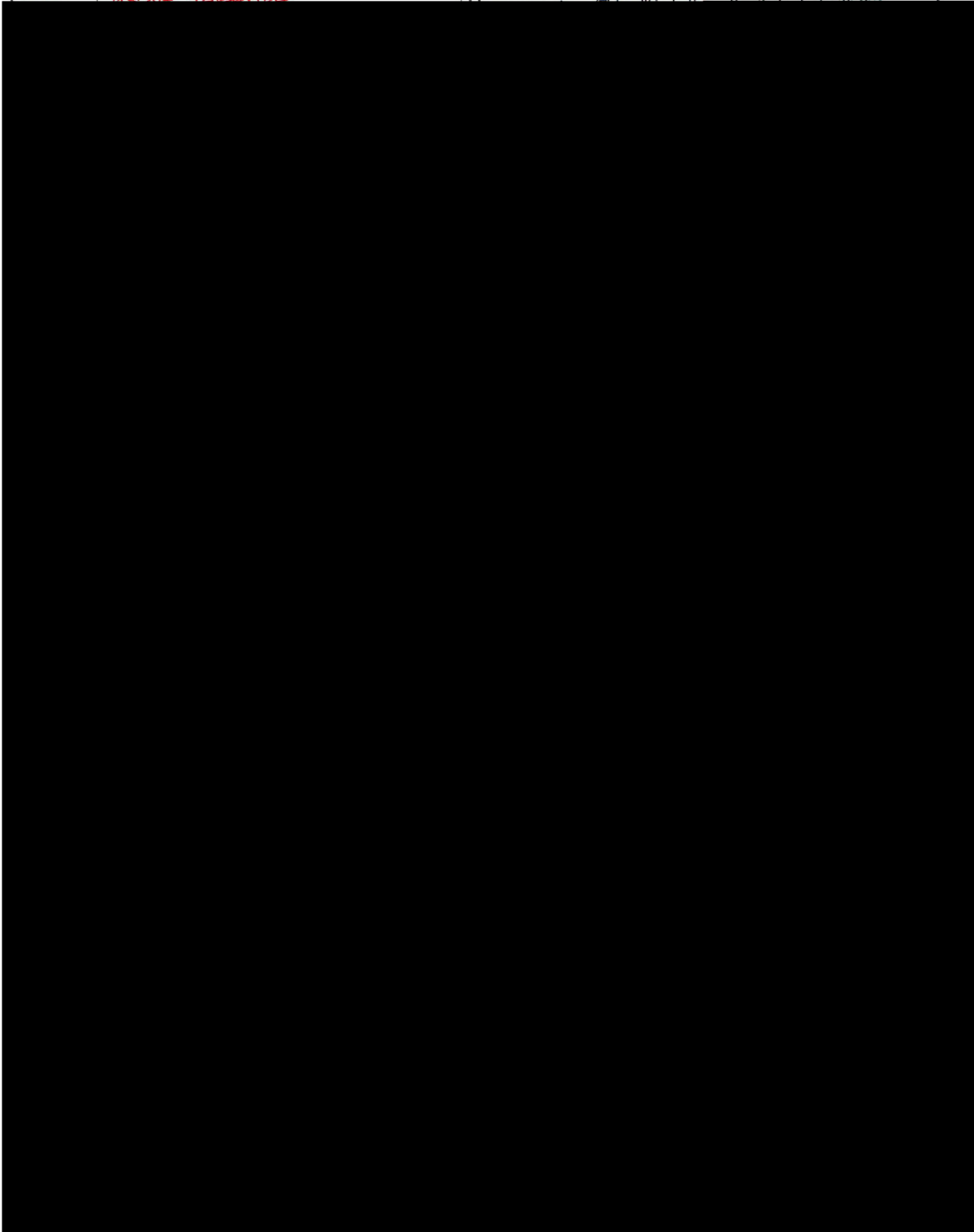
Unit:	<input type="text"/>	House number:	<input type="text" value="17"/>	House suffix:	<input type="text"/>
House	<input type="text" value="GROVE STREET"/>				

4. Pre-application Advice

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

Yes No

If Yes, please complete the following information about the advice



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.

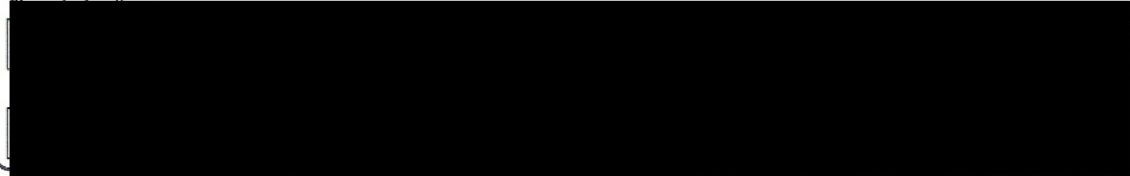
The original and 3 copies of a completed and dated application form:

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:

The correct fee: N/A

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.



10. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

11. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

12. 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)

Agent Applicant Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

KATHARINE REID.

Email address: