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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 Name, Address and Contact Details									
Title: Cumberla	nd First Name:	Surname: The Cumberland Club							
Company name:									
Street address:	25, Alvanley Gardens								
		Telephone number:							
		Mobile number:							
Town/City:	LONDON	Fax number:							
Country:		Email address:							
Postcode:	NW6 1JD								
Are you an agent	acting on behalf of the applicant?								
2. Agent Name	, Address and Contact Details								
Title:	First Name: David	Surname: Ashe							
Company name:	C H Design Partnership								
Street address:	C H Design Partnership								
	32 The City Business Centre	Telephone number: 01962841404							
	Hyde St	Mobile number:							
Town/City:	Winchester	Fax number:							
Country:	United Kingdom	Email address:							
Postcode:	SO23 7TA	david@chdp.co.uk							

3. Site Addre	ss Details					
Full postal addre	ess of the site (ir	ncluding full postco	ode where available	e) Description:		
House:	25	Suffix:]		
House name:				j		
Street address:	Alvanley Gard	ens		j		
				j		
				<u> </u>		
Town/City:	LONDON			1		
Postcode:	NW6 1JD					
December of the				'		
	ocation or a grid leted if postcode					
Easting:	525825] [
Northing:	185182]		
4. Pre-applica	ation Advice					
Has assistance	or prior advice b	een sought from the	ne local authority a	about this application?	Yes	No
If Yes, please co	omplete the follo	wing information a	bout the advice yo	ou were given (this will he	elp the authority to deal with t	his application more efficiently):
Officer name:						
Title: Ms	First nar	ne: Elaine			Surname: Quigley	
Reference:						
Date (DD/MM/Y	YYY):	(Must I	pe pre-application	submission)		
Details of the pro						
Previous appro	val of details has	s already been gra	inted for a more inv	vasive foundation design	l.	
5. Description	n of the Prop	osal				
Please provide a	a description of (he approved deve	lonment as shown	n on the decision letter:		
·	·		dditional squash Co			
Application refer	rence number:	APP/X52	210/A/13/2207299		Date of decision:	15/04/2014
		er(s) to which this	application relates	S:		
Condition number	er(s):					
			○ N-			
Has the develop	ment aiready st	arted?	No			
6. Discharge	of Condition	(s)				
Placea provida a	a full description	and/or list of the r	natorials/dotails the	at are being submitted fo	or approval:	
			ils, working drawin	-	л арргочаг.	
7. Part Disch	arge of Conc	lition(s)				
7. FAIL DISCN	arge or cont	iitiOii(3)				
Are you seeking	to discharge or	ly part of a conditi	on?		○ Yes No	
,		J 1 2 2 2 3 1 3 1 1 1			_ 111 2 110	

8. Site Visit											
Can the site be seen from a public road, public footpath, bridleway or other public land?											
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 ⑥ The applicant ☐ Other person											
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.	~	Date	08/09/2016								