

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 Name, Address and Contact Details								
Title: Mr	First Name:	Nick		Surname:	Capstick-Dale			
Company name:								
Street address:	c/o Agent							
			Telephone numb	er:				
			Mobile number:					
Town/City:			Fax number:					
Country:			Email address:					
Postcode:								
Are you an agent acting on behalf of the applicant?			🖲 Yes 🔘 N	lo				

2. Ag	ent Name	, Address and C	Contact Deta	nils				
Title:	Mr	First Name:	Nigel			Surname:	Dexter	
Compa	any name:	Savills						
Street	address:	33 Margaret Street	:					
					Telephone numb	oer: 02074	4206374	
					Mobile number:			
Town/	City:	London			Fax number:			
Counti	ry:				Email address:			
Postco	ode:	W1G 0JD			ndexter@savills	.com		

3. Site Addres	ss Details							
Full postal addre	ss of the site (including	full postcode	where available	e)	Description:			
House:		Suffix:						
House name:								
Street address:	33-37 Parkway			ĺ				
				ĺ				
				ĺ				
Town/City:	LONDON			ĺ				
Postcode:	NW1 7PN							
	cation or a grid reference eted if postcode is not k			-				
Easting:	528804	,						
Northing:	183775							
	L			1				
4. Pre-applica	tion Advice							
Has assistance of	or prior advice been sou	ight from the lo	ocal authority a	bout thi	s application?	🔾 Yes 💿 I	No	
5. Descriptior	n of the Proposal							
	description of the appr					esidential units (use class		ensions
						rkway and associated wo		ensions
Application refere	ence number:	2008/3740/P	1			Date of decision:	21/05/2009	
Please state the Condition number	condition number(s) to	which this app	lication relates	6:		-		_
i	and 4 (Terrace Screen)							
Has the develop	ment already started?	🖲 Yes 🧲	No If Ye	es, pleas	se state when the dev	elopment was started:	30/06/2009	1
Has the develop	ment been completed?	🖲 Yes 🔾	No If Ye	es, pleas	se state when the dev	elopment was completed:	31/03/2010	-
		2 100 2		, pieu			01/00/2010	
0. D' I								
6. Discharge	of Condition(s)							
Please provide a	full description and/or	list of the mate	rials/details the	at are be	eing submitted for app	proval:		
Please see cove	ering letter for full details	S						
7. Part Discha	arge of Condition(s)						
Are you seeking	to discharge only part of	of a condition?				🔾 Yes 💿 No		
8. Site Visit								
Can the site be s	an the site be seen from a public road, public footpath, bridleway or other public land? 💿 Yes 💿 No							

8. Site Visit					
The agent	The applicant	Other person			
9. Declaration					
		consent as described in this form and the accompanying plans/ confirm that, to the best of my/our knowledge, any facts stated are	Date	09/09/2016	

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

09/09/2016

 \checkmark

Date