

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: Miss	First Name:			Surname:	Victoria Square PropertyCompanyLtd				
Company name:]						
Street address:	c/o Agent								
			Telephone number	r:					
			Mobile number:						
Town/City:			Fax number:						
Country:			Email address:						
Postcode:									
Are you an agent	acting on behalf of th	ne applicant?	Yes \(\rightarrow \text{No} \)						
2. Agent Name	Address and C								
	, Addiess and C	Contact Details							
Title:	First Name:	ANNA		Surname:	RUSSELL-SMITH				
Title: Company name:		ANNA		Surname:	RUSSELL-SMITH				
	First Name:	ANNA S LLP		Surname:	RUSSELL-SMITH				
Company name:	First Name:	ANNA S LLP	Telephone number		RUSSELL-SMITH				
Company name:	First Name:	ANNA S LLP							
Company name:	First Name:	ANNA S LLP	Telephone number						
Company name: Street address:	First Name: MONTAGU EVANS 5 BOLTON STREE	ANNA S LLP	Telephone number Mobile number:						

3. Site Addre	ss De	tails								
Full postal addre	ess of t	he site (including	full postcode	e where availab	ole)	Description:				
House:	44		Suffix:	Α						
House name:										
Street address:	Gloud	cester Avenue								
Town/City:	LONI	OON			Ī					
Postcode:	NW1	8JD			Ī					
		or a grid reference			_					
Easting:	5283									
Northing:	1840				_ 					
4. Pre-applica	ation	Advice								
С аррио										
Has assistance	or prior	advice been sou	ght from the	local authority	about th	is application?		Yes	No	
If Yes, please co	omplete	the following info	ormation abo	out the advice y	ou were	given (this will h	elp the authori	ty to deal with t	his application more efficion	ently):
Officer name:										
Title:		First name:					Surname:			
Reference:										
Date (DD/MM/Y)	YYY):		(Must be	pre-application	submis	sion)				
,	,	cation advice rece		1 1		,				
Discussions wit	h Mich	ael Cassidy								
5. Description	n of th	ne Proposal								
		iption of the appro								
									g permission 2015/1243/F g within the courtyard).	,
Application refer	ence n	umber:	2016/2201	/P			Dat	e of decision:	26/08/2016	
		ion number(s) to	which this a	pplication relate	es:					
Condition number	er(s):									
Has the develop	ment a	lready started?	Yes	O No If Y	es, plea	se state when th	e developmen	t was started:	15/08/2016	
Has the develop	ment b	een completed?	Yes	No						
6. Discharge	of Co	ndition(s)								
or Broomar go	0. 00	nanion(o)								
		escription and/or I	st of the ma	terials/details t	hat are b	eing submitted fo	or approval:			
See attached do	ocumei	ntation								

7. Part Discharge of Condition(s)				
Are you seeking to discharge only part of a condition?	es 🔘 N	lo		
If Yes, please indicate which part of the condition your application relates to:				
19B				
3. Site Visit				
Can the site be seen from a public road, public footpath, bridleway or other public land?	es 🔘 N	No		
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (P	lease sele	ect only o	one)	
The agent				
The agent of the applicant of other person				
D. 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	25/10/2016	
true and accurate and any opinions given are the genuine opinions of the person(s) giving them.	_			_