

planning@camden.gov.uk Email:

Phone: 020 7974 4444 020 7974 1680 Fax:

**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. Applic	ant Name and Address	2. Agent Name and Address
Title:	First name:	Title: First name
Last name:		Last name:
Company (optional):	ELM INTERNATIONAL LITD	Company (optional): ALAN FOWER
Unit:	House House suffix:	Unit: House number:
House name:	THE ELMS	House name:
Address 1:	FITZROY PARK	Address 1: NEEDHAM
Address 2:		Address 2:
Address 3:		Address 3:
Town:	LONDON NG 6HS	Town: LOHLON
County:		County:
Country:	UNITED KINGPOM	Country: WITED KIN
Postcode:	N6 6HS	Postcode: WII 2RP

Title:	First name:		
Last name:			
Company (optional):	ALAN FOWER ARCHITECTS LTD		
Unit:	House number: House suffix:		
House name:			
Address 1:	NEEDHAM RD		
Address 2:			
Address 3:			
Town:	TOHOOM		
County:			
Country:	UNITED KINGDOM		
Postcode:	WII 2RP		

3. Site Address Details	4. Pre-application Advice
lease provide the full postal address of the application s	ite. Has assistance or prior advice been sought from the local
Jnit: House House suffix:	authority about this application?
House THE ELMS	If Yes, please complete the following information about the adv you were given. (This will help the authority to deal with this
Address 1: FITZROY PARK	application more efficiently).  Please tick if the full contact details are not
Address 2:	known, and then complete as much as possible:
Address 3:	Officer name:  MR GARY BAKALL
own: London	Reference:
County:	2014/1313/ L
Postcode optional): N6 6H5 Description of location or a grid reference.	Date (DD/MM/YYYY): (must be pre-application submission)
must be completed if postcode is not known):	Details of pre-application advice received?
Sasting: 527961 Northing: 1873	MENTING HOW ON SITE 10.12.2014.
Description:	
8	
	decision: 20 /07/2015 (Date must be pre-application submission) (DD/MM/YYYY)
Please state the condition number(s) to which this applic	submission) (DD/MM/YYYY) ation relates:
Please state the condition number(s) to which this application.  1. Ab. REINSTATEMENT of CAST IRON RAIN	submission) (DD/MM/YYYY) ration relates: 6.
Please state the condition number(s) to which this applic  1. 4b. REINSTATEMENT OF CAST IRON RAIN  2. 4f. INSTAULTION OF FLISH CONSUMTION	submission) (DD/MM/YYYY) ration relates: 6.
Please state the condition number(s) to which this application.  1. Ab. REINSTATEMENT of CAST IRON RAIN	submission) (DD/MM/YYYY) ation relates:  Continue 700 6.
Please state the condition number(s) to which this applic  1. 4b. REINSTATEMENT OF CAST IRON RAIN  2. 4f. INSTAULTION OF FLUSH CONSUDATION  3. 4p. New INTERMAL PARTITIONS.	submission) (DD/MM/YYYY) ration relates:  Confund 7.  8.
Please state the condition number(s) to which this applic  1. 4b. REINSTATEMENT OF CAST IRON RAIN  2. 4f. INSTAULTION OF FLISH CONSEDERTION  3. 4p. New INTERMAL PARTITIONS.  4.	submission) (DD/MM/YYYY) ation relates:  7.  8.  9.
Please state the condition number(s) to which this applic  1. 4b. REINSTATEMENT OF CAST IRON RAIN  2. 4f. INSTAULTION OF FLISH CONSEDERTION  3. 4p. New INTERMA PARTITIONS.  4.  5.	submission) (DD/MM/YYYY) ration relates:  7.  8.  9.  10.  Yes No
Please state the condition number(s) to which this applic  1. 4b. REINSTATEMENT of CAST IRON RAIN  2. 4f. INSTAULTION OF FLISH CONSOLUTION  3. 4p. New INTERNAL PARTITIONS.  4.  5.  Has the development already started?	submission) (DD/MM/YYYY) ation relates:  7.  8.  9.  10.  Yes No  (date must be pre-application
Please state the condition number(s) to which this applic  1. 4b. REINSTATEMENT of CAST IRON RAIN  2. 4f. INSTAULTION OF FLISH CONSIDERTION  3. 4p. New INTERNAL PARTITIONS.  4.  5.  Has the development already started?  f Yes, please state when the development started (DD/M)	submission) (DD/MM/YYYY)  ation relates:  6.  7.  8.  9.  10.  X Yes No  (date must be pre-application submission)  Yes No  (date must be pre-application submission)
Please state the condition number(s) to which this applic  1. 4b. REINSTATEMENT of CAST IRON RAIN  2. 4f. INSTAULTION OF FLISH CONSIDERTION  3. 4p. New INTERM PACTITIONS.  4.  5.  Has the development already started?  If Yes, please state when the development started (DD/M) has the development been completed?  If Yes, please state when the development was complete	submission) (DD/MM/YYYY)  ation relates:  6.  7.  8.  9.  10.  X Yes No  (date must be pre-application submission)  Yes No  (date must be pre-application submission)
Please state the condition number(s) to which this applic  1. 4b. REINSTATEMENT of CAST IRON RAIN  2. 4f. INSTAULTION OF FLISH CONSIDERTION  3. 4p. New INTERIOR PACTITIONS.  4.  5.  Has the development already started?  If Yes, please state when the development started (DD/M)  It is the development been completed?  If Yes, please state when the development was complete.  Discharge Of Condition	submission) (DD/MM/YYYY)  ation relates:  3.
Please state the condition number(s) to which this applic  1. 4b. REINSTATEMENT of CAST ILON RAIN  2. 4f. INSTAULTION OF FLISH CONSIDERIO  3. 4p. New INTERNAL PACTITIONS.  4.  5.  Has the development already started?  If Yes, please state when the development started (DD/M)  Ilas the development been completed?  If Yes, please state when the development was complete  Discharge Of Condition  Ilease provide a full description and/or list of the material	submission) (DD/MM/YYYY)  ation relates:  6.  7.  8.  9.  10.  X Yes No  (date must be pre-application submission)  Yes No  (date must be pre-application submission)  (date must be pre-application submission)
Please state the condition number(s) to which this applic  1. 4b. REINSTATEMENT of CAST IRON RAIN  2. 4f. INSTAULTION OF FLISH CONSIDERTION  3. 4p. New INTERIOR PACTITIONS.  4.  5.  Has the development already started?  If Yes, please state when the development started (DD/M)  It is the development been completed?  If Yes, please state when the development was complete.  Discharge Of Condition	submission) (DD/MM/YYYY)  ation relates:  6.  7.  8.  9.  10.  X Yes No  (date must be pre-application submission)  Yes No  (date must be pre-application submission)  (date must be pre-application submission)
Please state the condition number(s) to which this applic  1. 4b. REINSTATEMENT of CAST IRON RAIN  2. 4f. INSTAULTION OF FLISH CONSIDERTION  3. 4p. New INTERM PACTITIONS.  4.  5.  Has the development already started?  If Yes, please state when the development started (DD/M)  Has the development been completed?  If Yes, please state when the development was complete  Discharge Of Condition  Hease provide a full description and/or list of the materia  REFER TO SCHOOLE OF DESCRIPTION AND AND AND AND AND AND AND AND AND AN	submission) (DD/MM/YYYY) ation relates:  6.  7.  8.  9.  10.  X Yes No  (date must be pre-application submission)  Yes No  (date must be pre-application submission)  (date must be pre-application submission)
Please state the condition number(s) to which this applic  1. 4b. REINSTATEMENT of CAST ILON RAIN  2. 4f. INSTAULTION OF FLISH CONSIDERIO  3. 4p. New INTERNAL PACTITIONS.  4.  5.  Has the development already started?  If Yes, please state when the development started (DD/M)  Ilas the development been completed?  If Yes, please state when the development was complete  Discharge Of Condition  Ilease provide a full description and/or list of the material	submission) (DD/MM/YYYY) ation relates:  ARC GOOD 6.  REPORT 7.  8.  9.  10.  X Yes No  (date must be pre-application submission)  Yes No  (date must be pre-application submission)  (date must be pre-application submission)

A' 40							
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:		original and 3 copies of other plans and drawings of original and 3 copies of other plans and drawings of the application:					
The correct fee:		DOCOMENTS SUBMITTED ELECTRONICALLY.					
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.  Signed - Applicant:  Or signed - Agent:  Date (DD/MM/YYYY):  5 · 12 · 16  (date cannot be pre-application)							
10. Applicant Contact Details		11. Agent Contact Details					
Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):	Extension number:	Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):					
<b>12. Site Visit</b> Can the site be seen from a public road, p  If the planning authority needs to make a out a site visit, whom should they contact  If Other has been selected, please provide	n appointment to carry ? (Please select only one)	Agent Applicant Other (if different from the agent/applicant's details)					
Contact name:  PATRICK ROGERS		Telephone number: 02 0 7 22 9 93 7 5					

patrick & alan power architects. co. uk

Email address: