

Email:

planning@camden.gov.uk

Fax:

Phone: 020 7974 4444

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

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:	NR First name: SETH	Title:	na First name: GREG
Last name:	LOVIS	Last name:	HOWARTH - MOUGH
Company (optional):	SETH LOVES & CO	Company (optional):	ENVOPLAN
Unit:	House number: 2.5 House suffix:	Unit:	House number: House suffix:
House name:		House name:	NOBLE HOUSE
Address 1:	JOHN ST	Address 1:	EATON ROAD
Address 2:		Address 2:	,
Address 3:		Address 3:	
Town:	CAMDEN	Town:	MENEL HEMPSTEAD
County:		County:	HENTS
Country:		Country:	
Postcode:	WCI NZBS	Postcode:	482 700

3. Site Address Details Please provide the full postal address of the application site. House 3.6 House		blication site.	as assistance or prior advice been sought from the local athority about this application?	
Unit:	number: 25	suffix:		
House name:		yo	If Yes, please complete the following information about the ad you were given. (This will help the authority to deal with this	
Address	1: JOHN ST		plication more efficiently). ease tick if the full contact details are not	
Address	2:	kn	own, and then complete as much as possible:	
Address	3:		fficer name:	
Town:	CAMDEN		RACHAEC PARRY	
County:			2016/4220/L	
Postcod (optiona			Data /DD /MM AAAAA	
Descript	ion of location or a grid reference. completed if postcode is not known):	11.	sust be pre-application submission) ostelle of pre-application artificer ar	
Easting:	Northing:		etails of pre-application advice received? ADVISED TO CONFLETE AN APPLICAT	
Descript			TO DISHARUE A CONDITION ON	
		4	REVIOUSE GRANTED PLANNENCE	
]][[_	CONSENT	
(c)	RETUSTATE TIMBER			
Reference			(Date must be pre-application submission) (DD/MM/YYYY)	
Reference	25 JOHN 5T) re number: 2016/4220/4	his application relates:	(Date must be pre-application submission) (DD/MM/YYYY) 6.	
Reference Please si	25 JOHN 5T) re number: 2016/4220/4	his application relates:	Submission) (DD/MIM/YYYY)	
Reference Please st	25 JOHN 5T) re number: 2016/4220/4	his application relates:	6.	
Reference Please st 1.	25 JOHN 5T) re number: 2016/4220/4	his application relates:	6. 7.	
Reference SI 1. 2. 3.	25 TORN 57) te number: ZOV / 4220 / C tate the condition number(s) to which the	his application relates:	6. 7. 8.	
Reference State 1. 2. 3. 4. 5.	25 TORN 57) te number: ZOV / 4220 / C tate the condition number(s) to which the	his application relates:	6. 7. 8. 9.	
Reference SI 1. 2. 3. 4. 5. Has the control of the street	25 Tonus) The number: zols/4220/4 The n	his application relates:	6. 7. 8. 9. 0. X Yes No OX/09/12 (date must be pre-application	
Reference Please st 1. 2. 3. 4. 5. Has the color of Yes, pl	25 Tonn st) the number: 2016/4220/4 tate the condition number(s) to which the condition number found. CONDITION FOUND. Idevelopment already started?	his application relates:	6. 7. 8. 9. 0. X Yes No (date must be pre-application submission)	
Reference Please st 1. 2. 3. 4. 5. Has the cells as the cells as the cells as the cells are the cells as the cells are the	25 Tonus) the number: 2016/4220/4 tate the condition number(s) to which the condition number fourt. CONDITION FOUR. development already started? ease state when the development started	his application relates: 1 ed (DD/MM/YYYY):	6. 7. 8. 9. 0. X Yes No (date must be pre-application submission) X Yes No	
Reference Please st 1. 2. 3. 4. 5. Has the color of Yes, pl Has the color of Yes, pl 6. Discl	enumber: zok/(220/L) cate the condition number(s) to which the condition number (s) to which the condition for which the condition is condition to the condition is condition.	ed (DD/MM/YYYY): completed (DD/MM/YYYY	6. 7. 8. 9. 0. X Yes No OS/02/13 (date must be pre-application submission) X Yes No (date must be pre-application submission) (date must be pre-application submission)	
Reference Please si 1. 2. 3. 4. 5. Has the color of the side of th	enumber: 2016/4220/4 tate the condition number(s) to which the condition number(s) to which the condition number (s) to which the condition for the condition conditi	e materials/details that are	Submission) (DD/MN/YYYY) 6. 7. 8. 9. 0. X Yes No OS/02/14 (date must be pre-application submission) X Yes No (date must be pre-application submission) (date must be pre-application submission)	
Reference Please si 1. 2. 3. 4. 5. Has the color of the side of th	enumber: ZONG/(4270/L) cate the condition number(s) to which the condition number(s) to which the condition number(s) to which the condition for the condition covide a full description and/or list of the condition for the condition for the condition covide a full description and/or list of the condition for the condition covide a full description and/or list of the condition for the condition covide a full description and/or list of the condition for the condition covide a full description and/or list of the condition covide a full description and covide	ed (DD/MM/YYYY): completed (DD/MM/YYYY) e materials/details that are TCT NAC I.E. Rentanaye & St	Submission) (DD/MN/YYYY) 6. 7. 8. 9. 0. X Yes No OS/02/13 (date must be pre-application submission) X Yes No (3 (date must be pre-application submission) (4 (date must be pre-application submission) (5 (date must be pre-application submission) (6 (date must be pre-application submission)	
Reference Please si 1. 2. 3. 4. 5. Has the color of the c	enumber: ZOIS/4220/L cate the condition number(s) to which the condition number(s) to which the condition number (s) to which the condition number (s) to which the condition conditions	ed (DD/MM/YYYY): completed (DD/MM/YYYY) e materials/details that are TCT NAC I.E. Rentanaye & St	Submission) (DD/MN/YYYY) 6. 7. 8. 9. 0. X Yes No OS/02/14 (date must be pre-application submission) X Yes No (date must be pre-application submission) (date must be pre-application submission)	
Reference Please si 1. 2. 3. 4. 5. Has the collif Yes, pl Has the collif Yes, pl ALC to MALC T. Part	enumber: ZOIG/(220/L cate the condition number(s) to which the condition condition condition condition condition condition condition number(s) ARE OR CENTRED CONDITIONS	ed (DD/MM/YYYY): completed (DD/MM/YYYY) e materials/details that are TOT NAC. I.E. RENTMANE & ST	Scipinission (DD/MN/7777) 6. 7. 8. 9. 0. \(\text{Yes} \) No \(\text{QS/02/14} \) (date must be pre-application submission) \(\text{Yes} \) No (date must be pre-application submission) (date must be pre-application submission) e being submitted for approval: THE DOORS / TRONDOPENT ARE OFFICE OFFICE TO CONTINUE OFFICE TO CONTINUE OFFICE TO CONTINUE OFFICE OF	
Reference Please si 1. 2. 3. 4. 5. Has the color of the c	enumber: ZON/(1270/L) cate the condition number(s) to which the cate the condition number(s) to which the cate the condition number(s) to which the cate the condition for the cate when the development started development been completed? The cate when the development was condition for the cate of the cate	ed (DD/MM/YYYY): completed (DD/MM/YYYY) e materials/details that are CLITHAVE & ST METHOD HAS A	Scipinission (DD/MN/YYYY) 6. 7. 8. 9. 0. \[\begin{align*}	
Reference Please si 1. 2. 3. 4. 5. Has the color of the c	enumber: ZOIG/(220/L cate the condition number(s) to which the condition condition condition condition condition condition condition number(s) ARE OR CENTRED CONDITIONS	ed (DD/MM/YYYY): completed (DD/MM/YYYY) e materials/details that are CLITHAVE & ST METHOD HAS A	Scipinission (DD/MN/YYYY) 6. 7. 8. 9. 0. \[\begin{align*}	

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 (LPA) 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 ormation necessary to describe the subject of the application:						
The correct fee:							
*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.							
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	Orginad Agents						
Date (DD/MM/YYYY):							
17/03/17 (date cannot be pre-application)							
10. Applicant Contact Details	11. Agent Contact Details						
Telephone numbers	Telephone numbers						
Country code: National number: Extension number: Country code: Mobile number (optional):	Country code: National number: Extension number:						
Country code: Fax number (optional):	Country code: Fax number (optional):						
Email address (optional):	Email address (optional):						
12. Site Visit							
Can the site be seen from a public road, public footpath, bridleway or other public land? X 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:	Telephone number:						
W/A-	N/A						
Email address: V/A.							