

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 N	ame, Address a	nd Contact Details			
Title:	First Name:			Surname:	C/O Agent
Company name:	21-31 New Oxford	Street Development Limited			
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	he applicant?	Yes	lo	
2. Agent Name	e, Address and (Contact Details			
Title: Miss	First Name:	Hannah		Surname:	Bryant
Company name:	Gerald Eve]		
Street address:	72 Welbeck Street		Ī		
			Telephone numb	oer: 0207	3336427
			Mobile number:		
Town/City:	LONDON		Fax number:		
Country:			Email address:		
Postcode:					

3. Site Addres	ss Details								
Full postal addre	ss of the site (i	ncluding full postcode	where available)	Description:					
House:		Suffix:							
House name:	21-31								
Street address:	New Oxford S	Street							
Town/City:	LONDON								
Postcode:	WC1A 1BA								
Description of lo (must be comple									
Easting:	530242								
Northing:	181444								
4. Pre-applica	tion Advice	•							
Has assistance or prior advice been sought from the local authority about this application? Yes No									
5. Description	of the Pro	posal							
Please provide a	description of	the approved develop	oment as shown on t	he decision letter:					
Remodelling, ref	furbishment ar	d extension of existing	g former postal sortir	ng office (Sui-generis use		a new public roof terrace,			
	ors' surgery use			nection with the change on the change on the change units (Class C3),		ighway, landscaping, and public			
Application refere	ence number:	2014/5946/	P		Date of decision:	30/03/2016			
Please state the Condition number		ber(s) to which this ap	plication relates:						
3 parts a, d, e, g									
Has the develop	ment already s	tarted? Yes	No If Yes, pl	ease state when the deve	elopment was started:	10/02/2016			
Has the development been completed? Yes No									
6. Discharge	of Condition	n(e)							
o. Discharge	or condition	1(3)							
		n and/or list of the mat	erials/details that are	e being submitted for app	roval:				
Please see cove	er letter								
7. Part Discha	arge of Con	dition(s)							
Are you seeking	to discharge o	nly part of a condition	?		Yes \(\text{No} \)				
	_	art of the condition you		to:					
a, d, e, g and h									

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
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