

Email: [planning@camden.gov.uk](mailto:planning@camden.gov.uk)  
Phone: 020 7974 4444  
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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:		Surname:	Harper-Penman
Company name:	Seed Property Consultants				
Street address:	Beaufort House				
	15 St Botolph St				
Telephone number:					
Mobile number:					
Town/City:	LONDON				
Fax number:					
Country:					
Email address:					
Postcode:	EC3A 7BB				
Are you an agent acting on behalf of the applicant?					
<input checked="" type="radio"/> Yes <input type="radio"/> No					

**2. Agent Name, Address and Contact Details**

Title:	Mr	First Name:	colin	Surname:	harper-penman
Company name:					
Street address:	Beaufort House				
	15 St Botolph St				
Telephone number:	02037863466				
Mobile number:					
Town/City:	London				
Fax number:					
Country:					
Email address:					
Postcode:	EC3A 7BB				
	colin@seedpropertyconsultants.com				

### 3. Site Address Details

Full postal address of the site (including full postcode where available)

House:  Suffix:

House name:

Street address:

Town/City:

Postcode:

Description of location or a grid reference  
(must be completed if postcode is not known):

Easting:

Northing:

Description:

### 4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

☐ Yes ☒ No

### 5. Description of the Proposal

Please provide a description of the approved development as shown on the decision letter:

Works of reconfiguration and extension to existing sui-generis HMO including; single storey rear extension at lower ground floor level; dormer window to front roof slope; rear roof extension and creation of roof terrace above; alterations to openings; in association with creation of 3x additional residential units (total: 11x self-contained and 3x non-selfcontained) (Class sui-generis HMO)

Application reference number:

Date of decision:

Please state the condition number(s) to which this application relates:

Condition number(s):

Has the development already started? ☐ Yes ☒ No

### 6. Discharge of Condition(s)

Please provide a full description and/or list of the materials/details that are being submitted for approval:

L-10-010 - Proposed Plan  
L10-020 - Proposed Section

The rear garden will be landscaped as per proposed drawings attached. Using hard and soft landscaping allows for low maintenance.

### 7. Part Discharge of Condition(s)

Are you seeking to discharge only part of a condition?

☐ Yes ☒ No

**8. Site Visit**

Can the site be seen from a public road, public footpath, bridleway or other public land? ☐ 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)

☒ The agent ☐ The applicant ☐ Other person

**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

19/04/2017