

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 Na	ame, Address and Contact Details	
Title:	First Name:	Surname: deCarte
Company name:	Guilford Limited	
Street address:	PO Box 472	
	St Julian's Court	Telephone number:
	St Julian's Avenue	Mobile number:
Town/City:	St Peter Port	Fax number:
Country:	United Kingdom	Email address:
Postcode:	GY1 6AX	
Are you an agent	acting on behalf of the applicant?	Yes No
2. Agent Name	, Address and Contact Details	
T:0		
Title: Mr	First Name: Lukasz	Surname: Gruszczynski
Company name:	Modulor Studio	
Street address:	5a Iliffe Yard	
		Telephone number: 02077030124
		Mobile number:
Town/City:	London	Fax number:
Country:		Email address:
Postcode:	SE17 3QA	info@modulor-studio.co.uk

3. Site Addres	ss Details							
Full postal addre	ess of the site (includin	g full postcode	where available	e)	Description:			
House:	66	Suffix:]				
House name:				ĺ				
Street address:	Guilford Street			j				
				j				
				ĺ				
Town/City:	LONDON			ĺ				
Postcode:	WC1N 1DF			j				
	ocation or a grid refere eted if postcode is not							
Easting:	530257							
Northing:	182086							
4. Pre-applica	ation Advice							
Has assistance (or prior advice been so	ought from the l	ocal authority a	shout thi	s application?		Yes □	No
	•	_	-			eln the :		his application more efficiently):
Officer name:	mpiete the fellething in	normation abov	it tilo davioo yo	o word	givoii (ano viii ii	101P 1110 V	addionly to dod! with a	no application more emercinary).
Title: Mr	First name:	Charles				Surn	ame: Rose	
Reference:		Grianos				J	anie. Itees	
Date (DD/MM/Y)	YYY): 30/11/2016	(Must be r	ore-application	euhmies	eion)			
	e-application advice re		ne application	30011130	iiori)			
5. Description	n of the Proposal							
	a description of the app							
	ed building consent 20 ws positions and mino				mont and rear			
Application refer	ence number:	2016/4863/l	-				Date of decision:	10/10/2016
Please state the Condition number	condition number(s) to er(s):	o which this app	olication relates	3:				
Conditions 3A, 3	3C, 3D, 3F & 6							
Has the develop	ment already started?	O Yes @	No No					
	mont an oddy otaniou.	9 100	110					
6. Discharge	of Condition(s)							
Please provide a	a full description and/o	r list of the mate	erials/details tha	at are be	eing submitted fo	or appro	oval:	
Please refer to	Listed Building Conse	nt Condition Di	scharge Note-	part 2' fo	or full details.			

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	□ N	0		
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact?	(Pleas	e selec	t only o	ne)	
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 at true and accurate and any opinions given are the genuine opinions of the person(s) giving them.	re 🙀	2	Date	05/04/2017	