

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 and Contact Details	
Title:	First Name:	Surname: Oliver
Company name:	Paul Simon Homes	
Street address:	c/o agent	
		Telephone number:
		Mobile number:
Town/City:		Fax number:
Country:		Email address:
Postcode:		
Are you an agent	acting on behalf of the applicant?	Yes     No
	e, Address and Contact Details	Ourselle The advantage
Title:	First Name: Theo	Surname: Theodosiou
Company name:	GT Associates	
Street address:	49 Cedar Rise	
	Southgate	Telephone number: 07768765770
		Mobile number: 02083617744
Town/City:	London	Fax number:
Country:		Email address:
Postcode:	N14 5NJ	theo@gtassocs.com

3. Site Addres	ss Details			
Full postal addre	ess of the site (including full postcode where available	e) Description:		
House:	97 Suffix:			
House name:				
Street address:	Camden Mews			
Town/City:	LONDON			
Postcode:	NW1 9BU			
	ocation or a grid reference eted if postcode is not known):			
Easting:	529714			
Northing:	184777			
4. Pre-applica	ation Advice			
Has assistance of	or prior advice been sought from the local authority at	bout this application?	○ Yes •	No
5 Description	n of the Proposal			
o. Description	i oi tile i Toposai			
	a description of the approved development as shown			
	rom motor repair garage (B2) to residential (C3) to proon of terrace to the ground floor rear, terrace with bald			
Application refer	ence number: 2016/3638/P		Date of decision:	17/01/2017
	condition number(s) to which this application relates:	:	1	
Condition number	er(s):			
Has the develop	ment already started?   Yes   No			
6. Discharge	of Condition(s)			
Please provide a	a full description and/or list of the materials/details tha	t are being submitted for app	proval:	
Secure and cov	ered cycle storage details			
7. Part Discha	arge of Condition(s)			
Are you seeking	to discharge only part of a condition?		○ Yes ● No	
8. Site Visit				
Can the site be s	seen from a public road, public footpath, bridleway or	other public land?	Yes No	
If the planning a	uthority needs to make an appointment to carry out a	site visit, whom should they	contact? (Please select of	only one)

8. Site Visit					
The agent	The applicant	Other person			
9. Declaration					
I/we hereby apply	for planning permission	n/consent as described in this	form and the accompa	nving plans/	

04/05/2017

 $\checkmark$ 

Date

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.