

Email: [planning@camden.gov.uk](mailto: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 Name, Address and Contact Details**

Title:	Summer Butterfly Limited	First Name:	n/a	Surname:	n/a
Company name:					
Street address:	48-56, Bayham Place				
		Telephone number:			
		Mobile number:			
Town/City:	LONDON	Fax number:			
Country:					
Postcode:	NW1 0EU	Email address:			
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:	Andries	Surname:	Kruger
Company name:	Ambigram Architects				
Street address:	The Studio				
	5 Great James Street				
		Telephone number:	07711905352		
		Mobile number:			
Town/City:	London	Fax number:			
Country:					
Postcode:	WC1N 3DB	Email address:	akruger@ambigramarchitects.com		

### 3. Site Address Details

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

Description:

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:

### 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:

Erection of a part single, part double roof extension to provide 4 self contained units (1 x studio and 3 x 2 bed)(Class C3), two rear extensions at first and second floor level and associated external alterations.

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 If Yes, please state when the development was started:

Has the development been completed?  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:

### 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)

## 8. Site Visit

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

18/07/2017