

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 Name, Address and Contact Details								
Title: Mr & Mrs	First Name:	Surname: Saleh						
Company name:								
Street address:	17, East Heath Road							
		Telephone number:						
		Mobile number:						
Town/City:	LONDON	Fax number:						
Country:		Email address:						
Postcode:	NW3 1AL							
Are you an agent acting on behalf of the applicant?		Yes O No						

2. Agent Name, Address and Contact Details								
Title: Mrs	First Name:	Tori		Surname:	MacCabe			
Company name:	Marek Wojciechow	ski Architects]					
Street address:	Marek Wojciechow	ski Architects]					
	66-68 Margaret Str	eet	Telephone numb	oer: 0207	5809336			
			Mobile number:					
Town/City:	London		Fax number:					
Country:			Email address:					
Postcode:	W1W 8SR		tori@mw-a.co.u	k				

3. Site Addre	ess Details								
Full postal addre	ess of the site (includir	ig full postcode	e where available	e)	Description	:			
House:	17	Suffix:							
House name:									
Street address:	East Heath Road								
Town/City									
Town/City:									
Postcode:	NW3 1AL								
	ocation or a grid refere leted if postcode is not								
Easting:	526606								
Northing:	186228								
4. Pre-applica	ation Advice								
Has assistance	or prior advice been s	ought from the	local authority a	bout th	is applicatior	1?	🔾 Yes 💿	No	
5. Description	n of the Proposal								
Please provide a	a description of the ap	proved develo	pment as shown	on the	decision lette	ər:			
	ot tub at rear garden le						of the existing lower gr	ound floor room be	eneath the
Application refer	rence number:	2016/6107	/P				Date of decision:	17/07/2017	
Please state the Condition number	e condition number(s) t er(s):	o which this a	oplication relates	:					
4									
Has the develop	oment 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: Details of appointed chartered engineer and membership, as provided in the following: A professional letter noting experience and responsibilities throughout the duration of the works A copy of the appointed engineer's The Institution of Structural Engineers membership card 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.								