

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 a | nd Contact Details | | | | | | | |
|---|------------------------|--------------------|------------------------------|----------|---------|--|--|--|--|
| Title: Mr | First Name: | | Surname: | Lambert | | | | | |
| Company name: | PegasusLife | | | | | | | | |
| Street address: | Royal Court | | | | | | | | |
| | Church Green Close | | Telephone numb | er: | | | | | |
| | Kings Worthy | | Mobile number: | | | | | | |
| Town/City: | Winchester | | Fax number: | | | | | | |
| Country: | | | Email address: | | | | | | |
| Postcode: | S023 7TW | | | | | | | | |
| Are you an agent | acting on behalf of th | ne applicant? | Yes | lo | | | | | |
| 2. Agent Name, Address and Contact Details Title: First Name: Jennifer Surname: Ross | | | | | | | | | |
| Company name: | Tibbalds Planning | and Urban Design | | | | | | | |
| Street address: | 19 Maltings Place | | | | | | | | |
| | 169 Tower Bridge Road | | Telephone numb | er: 0207 | 0892121 | | | | |
| | | | Mobile number: | | | | | | |
| Town/City: | London | | Fax number: | | | | | | |
| Country: | | | Email address: | | | | | | |
| Postcode: | SE1 3JB | | jennifer.ross@tibbalds.co.uk | | | | | | |

| 3. Site Addres | ss De | tails | | | | | | | | |
|-----------------------------------|-------------------------|--|--|-----------------|--------------------|-------------|---------|-------------------|----------------------|-----------------|
| Full postal addre | ss of th | ne site (including | full postcode where a | vailable) | Description: | | | | | |
| House: | | | Suffix: | | | | | | | |
| House name: | Bartrams Convent Hostel | | | | | | | | | |
| Street address: | Rowland Hill Street | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Town/City: | Londo | on | | | | | | | | |
| Postcode: | NW3 | 2AD | | | | | | | | |
| Description of lo (must be comple | | or a grid referen postcode is not k | | | | | | | | |
| Easting: | 52720 | 00 | | | | | | | | |
| Northing: | 18532 | 20 | | _ | | | | | | |
| | | | | | | | | | | |
| 4. Pre-applica | tion | Advice | | | | | | | | |
| | | | | | | | | | | |
| Has assistance of | r prior | advice been so | ught from the local auth | ority about th | is application? | | | Yes | No | |
| If Yes, please co | mplete | the following inf | formation about the adv | vice you were | given (this will h | nelp the au | uthorit | y to deal with th | nis application more | e efficiently): |
| Officer name: | | | | | | | | | | |
| Title: Mr | | First name: | Charles | | | Surna | me: | Thuaire | | |
| Reference: | | | | | | | | | | |
| Date (DD/MM/Y) | YYY): | | (Must be pre-applic | cation submis | sion) | | | | | |
| Details of the pre | -applic | cation advice rec | eived: | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 5. Description | of th | ne Proposal | | | | | | | | |
| Placea provida a | doceri | intion of the ann | roved development as | shown on the | docicion lottor: | | | | | |
| | | | el building (Sui Generis | | | 4, 6, 7, 10 | 0 store | ey building plus | basement to provi | de extra- |
| | | | Class C3), comprising sement level carparkin | | | | | | | |
| | | h floor roof terra | | | • | | | | | |
| Application refere | ence n | umber: | 2014/6449/P | | | | Date | e of decision: | 28/08/2015 | |
| Please state the Condition number | | ion number(s) to | which this application | relates: | | | | | | |
| 4 | (0). | | | | | | | | | |
| Has the develop | ment a | lready started? | ○ Yes ⊚ No | | | | | | | |
| ' | | , | | | | | | | | |
| C Disabansa | -4 0- | | | | | | | | | |
| 6. Discharge | or Co | naition(s) | | | | | | | | |
| Please provide a | full de | scription and/or | list of the materials/det | ails that are t | eing submitted f | or approv | al: | | | |
| | | | er boxes, flues, vents o be fixed or installed on | | | | | | | |
| The DAS submit | tted in | support of the ap | oplication meets the ful | I requirement | S. | | | | | |
| | | | | | | | | | | |

| 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? If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Fig. 1) The agent The applicant Other person | Yes Pleas | | No ect only c | one) | |
| 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. | 8 | 2 | Date | 25/08/2017 | |
| | | | | | |