

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:	First Name:	Surname: Other						
Company name:	University College London							
Street address:	C/O Agent							
		Telephone number:						
		Mobile number:						
Town/City:		Fax number:						
Country:		Email address:						
Postcode:								
Are you an agent a	acting on behalf of the applicant?	🖲 Yes 🔘 No						

2. Agent Name, Address and Contact Details										
Title: Mr		First Name:	John			Surnam	e: Ad	lams		
Company na	ame: [	Deloitte LLP			]					
Street addre	ess:	Deloitte LLP			]					
	[	Athene Place			Telephone numb	oer: 02	070073	3891		
	[	66 Shoe Lane			Mobile number:					
Town/City:	[	London			Fax number:					
Country:	[				Email address:					
Postcode:	[	EC4A 3BQ			ebird@deloitte.c	co.uk				

3. Site Addres	s Details				
Full postal addre	ss of the site (including full postcod	e where available)	Description:		
House:	20 Suffix:				
House name:	University of London Institute of Ed	ducation			
Street address:	Bedford Way				
Town/City:	LONDON				
Postcode:	WC1H 0AL				
	cation or a grid reference ted if postcode is not known):				
Easting:	529973				
Northing:	182112		L		
4. Pre-applica	tion Advice				
Has assistance c	r prior advice been sought from the	local authority about thi	s application?	🔾 Yes 💿	No
5. Description	of the Proposal				
	description of the approved develo				
local planning a	e secondary and double glazing, in uthority before the relevant works c r to safeguard the special architectu Plan 2017."	ommence.			
Application refere	ence number: 2017/2543	/L		Date of decision:	30/10/2017
Please state the	condition number(s) to which this a				
Condition number	r(s):				
Has the developr	nent already started?	No			
6. Discharge	of Condition(s)				
Please provide a	full description and/or list of the ma	terials/details that are b	eing submitted for appro	val:	
Please refer to c					
7. Part Discha	rge of Condition(s)				
Are you seeking	to discharge only part of a conditior	1?		🔾 Yes 💿 No	
8. Site Visit					
Can the site be s	een from a public road, public footp	ath, bridlewav or other r	ublic land?	🖲 Yes 🔾 No	
	thority needs to make an appointm				nlv one)
p.s					,,

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.							