

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				
Title: Mr	First Name:	Chris	Surnam	e: Johnson
Company name:				
Street address:	11a, Fitzroy Square	е		
			Telephone number:	
			Mobile number:	
Town/City:	LONDON		Fax number:	
Country:			Email address:	
Postcode:	W1T 6BU			
Are you an agent	acting on behalf of the	he applicant?	Yes \(\omega\) No	
2. Agent Name	e, Address and (Contact Details		
2. Agent Name	e, Address and C	Contact Details Dana	Surnam	ne: Haqjoo
		Dana	Surnam	ne: Haqjoo
Title: Mr	First Name:	Dana	Surnam	ne: Haqjoo
Title: Mr Company name:	First Name:	Dana		re: Haqjoo
Title: Mr Company name:	First Name:	Dana		
Title: Mr Company name:	First Name:	Dana	Telephone number: 07	
Title: Mr Company name: Street address:	First Name: works architecture 16 upper montagu	Dana	Telephone number: 07 Mobile number:	

3. Site Addres	ss Details							
Full postal addre	ess of the site (inclu	ding full postco	de where availab	le) Desc	ription:			
House:	11	Suffix:	Α					
House name:								
Street address:	Fitzroy Square]				
Town/City:	LONDON							
Postcode:	W1T 6BU							
	ocation or a grid refeted if postcode is							
Easting:	529122]				
Northing:	182150							
4. Pre-applica	ation Advice							
Has assistance of	or prior advice beer	n sought from th	e local authority	about this appl	ication?	○ Yes	No	
5. Description	n of the Propos	al						
Places provide a	a description of the	approved devel	opmont as show	on the design	an lattar:			
						s to the rear elevation to	provide additional	
accommodation	n for existing 2 hou	ses						
Application refere		2016/441				Date of decision:	10/01/2017	
Please state the Condition number	condition number(er(s):	s) to which this	application relate	s:				
4								
Has the develop	ment already starte	ed? Q Yes	No					
6. Discharge	of Condition(s))						
	, ,							
	full description an				ubmitted for ap	proval:		
frs-d-100 (plan s			wing numbers are	e:				
frs-d-101 (vertication frs-d-102 - elevation	al section, head ar ation	id cill)						
frs-location plan	l							
7. Part Discha	arge of Conditi	on(s)						
Are you seeking	to discharge only p	part of a condition	n?			O Yes No		
8. Site Visit								
_								
	seen from a public	•		-		Yes No		
If the planning au	uthority needs to m	ake an appointr	nent to carry out	a site visit, wh	om should they	contact? (Please select	t only one)	

8. Site Visit					
The agent	The applicant	Other person			
9. Declaration					
I/wo horoby apply	for planning pormission	a/consent as described in this	form and the accompany	ving plans/	

04/01/2018

 \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.