

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:	N/A		
Company name:	Summer Butterfly Lim	nited					
Street address:	C/O Agent						
			Telephone numb	er:			
			Mobile number:				
Town/City:			Fax number:				
Country:			Email address:				
Postcode:							
Are you an agent acting on behalf of the applicant?		🖲 Yes 🔾 N	lo				

2. Agent Name, Address and Contact Details							
Title: Mr	First Name:	Dean		Surname:	Jordan		
Company name:	DP9 Ltd		]				
Street address:	100		]				
	Pall Mall		] Telephone numb	er: 020	70041745		
			Mobile number:				
Town/City:			Fax number:				
Country:			Email address:				
Postcode:	SW1Y 5NQ		dean.jordan@dp9.co.uk				

3. Site Addres	ss Details					
Full postal addre	ss of the site (including full postcode where available) Description:					
House:	Suffix:					
House name:	48-56					
Street address:	Bayham Place					
Town/City:						
Postcode:	NW1 0EU					
	cation or a grid reference eted if postcode is not known):					
Easting:	529229					
Northing:	183439					
4. Pre-applica	tion Advice					
Has assistance o	or prior advice been sought from the local authority about this application?					
5. Description	n of the Proposal					
Blooso provido o	description of the approved development as shown on the decision letter:					
Erection of a part	rt 2 part 3 storey roof extension to provide 9 self-contained units(4 x 1 bed, 4 x 2 bed and 1 x 3 bed) and rear extension at second floor					
level together w	vith associated works.					
Application refere	ence number: 2017/2739/P Date of decision: 25/10/2017					
Please state the Condition number	condition number(s) to which this application relates: er(s):					
Condition 4 - Ma Condition 8 - So						
	Vaste Management					
Has the development already started?						
6. Discharge	of Condition(s)					
1	full description and/or list of the materials/details that are being submitted for approval:					
See cover letter						
7. Part Discha	arge of Condition(s)					
Are you seeking	to discharge only part of a condition?					
8. Site Visit						
Can the site be s	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? (Please select only one)						

8. Site Visit					
The agent	The applicant	Other person			
9. Declaration					
		consent as described in this form and the accompanying plans/ confirm that, to the best of my/our knowledge, any facts stated are	Date	06/02/2018	]

true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

06/02/2018

 $\checkmark$ 

Date