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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   | ame, Address a   | nd Contact Details                  |                           |             |                |  |  |
|--|--|-------------------------------------|---------------------------|-------------|----------------|--|--|
| Title:   | First Name:  | NA                                  |                           | Surname:    | NA             |  |  |
| Company name:  | GFZ Investments I  | _td.                                |                           | •           |                |  |  |
| Street address:  | 34, Great James Street   |                                     |                           |             |                |  |  |
|  |  |                                     | Telephone numb            | per:        |                |  |  |
|  |  |                                     | Mobile number:            |             |                |  |  |
| Town/City:   | LONDON   |                                     | Fax number:               |             |                |  |  |
| Country:   |  |                                     | Email address:            |             |                |  |  |
| Postcode:  | WC1N 3HB   |                                     |                           |             |                |  |  |
|  |  |                                     |                           |             |                |  |  |
| Are you an agent   | acting on behalf of t  | he applicant?                       | Yes                       | No          |                |  |  |
|  | e, Address and (   |                                     | Yes     N                 | No Surname: | White          |  |  |
| 2. Agent Name  | e, Address and (   | Contact Details  Megan              | Yes     N                 |             | White          |  |  |
| 2. Agent Name  | e, Address and (   | Contact Details  Megan  Ltd.        | • Yes • N                 |             | White          |  |  |
| 2. Agent Name Title: Miss Company name:                    | First Name:  GFZ Investments I                                       | Contact Details  Megan  td.  Street | Yes      Telephone number | Surname:    | White 25809336 |  |  |
| 2. Agent Name Title: Miss Company name:                    | First Name:  GFZ Investments I  34, Great James S                    | Contact Details  Megan  td.  Street |                           | Surname:    |                |  |  |
| 2. Agent Name Title: Miss Company name:                    | First Name:  GFZ Investments I  34, Great James S                    | Contact Details  Megan  td.  Street | Telephone numb            | Surname:    | 5809336        |  |  |
| 2. Agent Name  Title: Miss  Company name:  Street address: | First Name:  GFZ Investments I  34, Great James S  66-68 Margaret St | Contact Details  Megan  td.  Street | Telephone numb            | Surname:    | 5809336        |  |  |

| 3. Site Addres    | ss Details  |               |                     |                           |                             |                               |    |
|-------------------|---|---------------|---------------------|---------------------------|-----------------------------|-------------------------------|----|
| Full postal addre | ess of the site (including                            | full postcode | where available)    | Description:              |                             |                               |    |
| House:            |   | Suffix:       |                     | ·                         |                             |                               |    |
| House name:       |   |               |                     |                           |                             |                               |    |
| Street address:   | Great James Street                                    |               |                     |                           |                             |                               |    |
|                   |   |               |                     |                           |                             |                               |    |
|                   |   |               |                     |                           |                             |                               |    |
| Town/City:        | LONDON  |               |                     |                           |                             |                               |    |
| Postcode:         | WC1N 3HB  |               |                     |                           |                             |                               |    |
| 5                 |   |               |                     |                           |                             |                               |    |
|                   | cation or a grid referen<br>eted if postcode is not k |               |                     |                           |                             |                               |    |
| Easting:          | 530738  |               |                     |                           |                             |                               |    |
| Northing:         | 181930  |               |                     |                           |                             |                               |    |
|                   |   |               |                     |                           |                             |                               |    |
| 4. Pre-applica    | ation Advice  |               |                     |                           |                             |                               |    |
|                   |   |               |                     |                           |                             |                               |    |
| Has assistance of | or prior advice been sou                              | ught from the | local authority abo | out this application?     | ☐ Yes ⊚                     | No                            |    |
|                   |   |               |                     |                           |                             |                               |    |
| 5. Description    | of the Proposal                                       |               |                     |                           |                             |                               |    |
| DI                |   |               |                     |                           |                             |                               |    |
|                   | description of the apprenal works in associati        |               |                     |                           | nt and ground floor level a | and 3x1 bed flats (Class C3   | 3) |
|                   | loor level, to a single dv                            |               |                     |                           |                             | st floor external terrace and |    |
| Application refer |   | 2013/4498/    | <u> </u>            |                           | Date of decision:           | 26/09/2013                    |    |
|                   | condition number(s) to                                |               |                     |                           |                             | 20/00/2010                    |    |
| Condition number  |   |               | •                   |                           |                             |                               |    |
| 5h                |   |               |                     |                           |                             |                               |    |
| Has the develop   | ment already started?                                 | Yes           | No If Yes,          | please state when the de  | velopment was started:      | 15/10/2013                    |    |
| Has the develop   | ment been completed?                                  | Yes           | No                  |                           |                             |                               |    |
|                   |   |               |                     |                           |                             |                               |    |
| 6. Discharge      | of Condition(s)                                       |               |                     |                           |                             |                               |    |
| J                 |   |               |                     |                           |                             |                               |    |
|                   |   |               | erials/details that | are being submitted for a | oproval:                    |                               |    |
|                   | oor Plan - Wall Panellinç<br>d Floor Plan - Wall Pan  |               |                     |                           |                             |                               |    |
| 200_203 First F   | loor Plan - Wall Panellii                             | ng            |                     |                           |                             |                               |    |
|                   | d Floor Plan - Wall Pan<br>Floor Plan - Wall Panell   |               |                     |                           |                             |                               |    |
| 500_101 rG.01     | Entrance Hall_Elevation                               | ns            |                     |                           |                             |                               |    |
|                   | Drawing Room_Elevation Dining Room_Elevation          |               |                     |                           |                             |                               |    |
| 500_104 rG.05     | Larder_Elevations                                     |               |                     |                           |                             |                               |    |
|                   | Master Bedroom_Eleva<br>Master Ensuite_Elevation      |               |                     |                           |                             |                               |    |
| 500_203 r1.04 s   | Shower Room_Elevatio                                  |               |                     |                           |                             |                               |    |
|                   | Bedroom II_Elevations Bathroom_Elevations             |               |                     |                           |                             |                               |    |
| 500_304 r2.05 E   | Bedroom III_Elevations                                |               |                     |                           |                             |                               |    |
|                   | Bathroom_Elevations                                   |               |                     |                           |                             |                               |    |
|                   | Bedroom IV_Elevations<br>Ensuite_Elevations           |               |                     |                           |                             |                               |    |
|                   |   |               |                     |                           |                             |                               |    |

| 500_404 r3.05 Bedroom V_Elevations 500_405 r3.06 Bathroom_Elevations 900_101_Photographic Room Survey   |
|---|
| 17103_Discharge of Condition 5h_Document Issue Sheet Panelling Methodology/Specification  |
|   |
| 7. Part Discharge of Condition(s)   |
| Are you cooking to discharge only part of a condition?  |
| Are you seeking to discharge only part of a condition?    Yes   No  |
| If Yes, please indicate which part of the condition your application relates to:  |
| A full method statement/specification and 1:20 elevational drawings for any alterations to the existing panelling and reinstatement of the timber panelling shall be submitted, and sample panels to be made available for inspection (locations to be agreed) prior to work to the relevant work commencing. The relevant part of the works shall then be carried in accordance with the approved details. |
|   |
|   |
| 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? (Please select only one)  |
| The agent  The applicant  Other person  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.  Date   |
|   |
|   |
|   |
|   |
|   |

6. Discharge of Condition(s)