

Email: [planning@camden.gov.uk](mailto: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:	<input type="text" value="Mrs"/>	First Name:	<input type="text" value="Tanya"/>	Surname:	<input type="text" value="Stenz"/>
Company name:	<input type="text"/>				
Street address:	<input type="text" value="48"/>				
	<input type="text" value="Gray's Inn Road"/>				
	<input type="text"/>				
Telephone number:	<input type="text"/>				
Mobile number:	<input type="text"/>				
Town/City:	<input type="text" value="London"/>				
Fax number:	<input type="text"/>				
Country:	<input type="text"/>				
Email address:	<input type="text"/>				
Postcode:	<input type="text" value="WC1X 8LT"/>				
Are you an agent acting on behalf of the applicant?					
<input type="radio"/> Yes <input checked="" type="radio"/> No					

### 2. Agent Name, Address and Contact Details

No Agent details were submitted for this application

### 3. Site Address Details

Full postal address of the site (including full postcode where available)	Description:
House: <input type="text" value="48"/> Suffix: <input type="text"/>	<div style="border: 1px solid black; height: 200px;"></div>
House name: <input type="text"/>	
Street address: <input type="text" value="Gray's Inn Road"/>	
<input type="text"/>	
<input type="text"/>	
Town/City: <input type="text" value="London"/>	
Postcode: <input type="text" value="WC1X 8LT"/>	
Description of location or a grid reference (must be completed if postcode is not known):	
Easting: <input type="text" value="531093"/>	
Northing: <input type="text" value="181789"/>	

#### 4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

Yes  No

If Yes, please complete the following information about the advice you were given (this will help the authority to deal with this application more efficiently):

Officer name:

Title:  First name:  Surname:

Reference:

Date (DD/MM/YYYY):  (Must be pre-application submission)

Details of the pre-application advice received:

You would need to formally apply via planning portal to discharge condition 5.

Within the submission for this condition, on the plans submitted it should be shown the location of waste room and provide details of the collection times and method, such as: who will collect this, how often you would expect it to be, would parking be needed, for how long and where would this be.

In relation to the other recycled materials please state what waste would be collected by the council.

All the details should be included in a Planning statement.

#### 5. Description of the Proposal

Please provide a description of the approved development as shown on the decision letter:

We have built the waste room on the 4th floor as documented in the drawings sent for the initial planning permission.

Business Waste Ltd (Clinical Waste):  
2 x 3.75L sharps units (needles, blood swabs, glass pipettes)  
1 x 60L sharps bin (sperm pots, plastic pipettes, vinyl gloves, waste sperm)  
Collected fortnightly (once we are open). Parking in Baldwins Gardens for max 5 mins.

Camden Council (General waste & recyclables):  
General waste bags  
Mixed recycling bags  
Cardboard bundles  
Collected daily (bags to be placed on roadside by 7am)

Application reference number:  Date of decision:

Please state the condition number(s) to which this application relates:

Condition number(s):

Has the development already started?  Yes  No If Yes, please state when the development was started:

Has the development been completed?  Yes  No If Yes, please state when the development was completed:

#### 6. Discharge of Condition(s)

Please provide a full description and/or list of the materials/details that are being submitted for approval:

4th floor floor plan.  
Camden waste agreement.  
Clinical waste agreement.

#### 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?

Yes  No

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

## 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

13/04/2018