

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:	C/O Agent		
Company name:	Victoria Square Property Co	mpany Ltd					
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 C	Contact Details				
Title: Mrs	First Name:	Harriet		Surname	Humphrey	
Company name:	Montagu Evans]			
Street address:	5 Bolton Street]			
			Telephone numb	oer: 020	73127541	
			Mobile number:			
Town/City:	London		Fax number:			
Country:	England		Email address:			
Postcode:	W1J 8BA		harriet.humphrey@montagu-evans.co.uk			

3. Site Addres	ss Dotails					
J. One Addres	55 Details					
Full postal addre	ess of the site (including	full postcode where availab	ble) Description:			
House:	44	Suffix: A]			
House name:						
Street address:	Gloucester Avenue					
Town/City:	London					
Postcode:	NW1 8JD					
Description of Io	cation or a grid referen	ce				
	eted if postcode is not k		_			
Easting:	528336					
Northing:	184003					
4. Pre-applica	ation Advice					
Has assistance of	or prior advice been sou	ught from the local authority	about this application?	🔾 Yes 💿	No	
·						
5. Description	n of the Proposal					
Please provide a	description of the appr	roved development as show	n on the decision letter:			
The partial dem		o. 44A Gloucester Avenue t	o accommodate a rear and ma	nsard roof extension, wit	n restoration of archited	ctural
Application reference	ence number:	2016/7089/P		Date of decision:	22/06/2017	7
Please state the condition number(s) to which this application relates:) 95:			
Condition number	er(s):					
Has the develop	ment already started?	🔾 Yes 💿 No				
P						
6. Discharge	of Condition(s)					
Please provide a	a full description and/or	list of the materials/details th	hat are being submitted for app	roval:		
	application covering lett					
7. Part Discha	arge of Condition(s)				
	-	,				
Are you seeking	to discharge only part of	of a condition?		🔾 Yes 💿 No		
8. Site Visit						
Can the site be s	seen from a public road	, public footpath, bridleway o	or other public land?	🖲 Yes 🔾 No		
If the planning au	uthority needs to make	an appointment to carry out	a site visit, whom should they	contact? (Please select o	nly one)	

The agent

O 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	V	Date	25/06/2018
true and accurate and any opinions given are the genuine opinions of the person(s) giving them.			