

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	ame, Address and Contact Details				
Title:	First Name:	Surname: C/O Agent			
Company name:	Victoria Square Property Company Ltd				
Street address:	C/O Agent				
		Telephone number:			
		Mobile number:			
Town/City:		Fax number:			
Country:		Email address:			
Postcode:					
Are you an agent acting on behalf of the applicant?     Yes  No					
2. Agent Name, Address and Contact Details					
Title: Mrs	First Name: Harriet	Surname: Humphrey			
Company name:	Montagu Evans				
Street address:	5 Bolton Street				
		Telephone number: 02073127541			
		Mobile number:			
Town/City:	London	Fax number:			
Country:	England	Email address:			
Postcode:	W1J 8BA	harriet.humphrey@montagu-evans.co.uk			

3. Site Addres	ss Details						
Full postal addre	ess of the site (in	ncluding full postco	de where available)	) Description:			
House:	44	Suffix:	Α				
House name:		•					
Street address:	Gloucester Av	renue					
Town/City:	London						
Postcode:	NW1 8JD						
Description of lo							
(must be comple		is not known):					
Easting:	528336						
Northing:	184003						
4.5							
4. Pre-applica	ition Advice						
Has assistance o	or prior advice b	een sought from th	e local authority ab	oout this application?			
E Decemention	of the Draw	I					
5. Description	i of the Prop	osai					
Please provide a	description of	the approved devel	opment as shown o	on the decision letter:			
		use at no. 44A Glo xisting basement.	ucester Avenue to a	accommodate a rear and mansard roof extension, with restoration of architectural			
Application refer	ence number:	2016/708	9/P	Date of decision: 22/06/2017			
Please state the condition number(s) to which this application relates:							
Condition number	er(s):						
rias trie develop	ment alleady st	aneu: U res	No				
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6. Discharge	of Condition	ı(s)					
Please provide a full description and/or list of the materials/details that are being submitted for approval:							
Please refer to a	application cove	ering letter.					
7. Part Discha	arge of Cond	dition(s)					
Are you seeking	to discharge or	nly part of a condition	on?				
8. Site Visit							
Can the site be s	seen from a pub	olic road, public foot	path, bridleway or o	other public land?     Yes   No			
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)							
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## 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.

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Date

25/06/2018