

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: Mr	First Name:	Richard		Surname:	Metcalfe					
				ournamo.	INSTRUMENT OF THE PROPERTY OF					
Company name:	Consolidated Deve	lopments Ltd								
Street address:	c/o Agent									
			Telephone numb	er:						
			Mobile number:							
Town/City:			Fax number:							
Country:			Email address:							
Postcode:										
Are you an agent a										
2. Agent Name	2. Agent Name, Address and Contact Details									
3.	,									
Title: Ms	First Name:	Anna		Surname:	Snow					
Company name:	Iceni Projects									
Street address:	Flitcroft House									
	114-116 Charing Cross Road		Telephone numb	oer: 07972	2563579					
			Mobile number:							
Town/City:	London		Fax number:							
Country:			Email address:							
Postcode:	WC2H 0JR		asnow@iceniprojects.com							

House name: Street address: Denmark Street Town/City: St Giles Circus Postcode: WC2H 8LS Description of location or a grid reference (must be completed if postcode is not known): Easting: 529892 Northing: 181258 4. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? ② Yes ② 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: Mr First name: Alfie Surname: Stroud	3. Site Addres	s Details									
House name: Street address: Demark Street Giles Circus	Full postal addres	ss of the site	(including	full postcod	le where av	/ailable)	Description	ո:			
Street address. Demmark Street Town/City: St Gless Circus	House:	9		Suffix:							
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	Has the developr	ment already	started?	Yes	○ No	If Yes, plo	ease state whe	en the d	developmen	was started:	01/03/2018
5. Discharge of Condition(s)	Has the developr	ment been co	ompleted?	Yes	No						
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	o. Discriarye (J. Contaiti	J11(3 <i>)</i>								
Please provide a full description and/or list of the materials/details that are being submitted for approval:	Please provide a	full descripti	on and/or l	ist of the ma	aterials/det	ails that are	e being submitt	ted for a	approval:		
Addendum Report	Addendum Repo	ort									

7. Part Discharge of Condition(s)					
Are you seeking to discharge only part of a condition?	Yes	s 💿 N	No		
8. Site Visit					
Can the site be seen from a public road, public footpath, bridleway or other public land?	○ Yes	s 💿	No		
If the planning authority needs to make an appointment to carry out a site visit, whom should they cont	act? (Ple	ase sele	ect only o	ne)	
The agent					
9. Declaration					
I/we hereby apply for planning permission/consent as described in this form and the accompanying pla drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts state true and accurate and any opinions given are the genuine opinions of the person(s) giving them.		~	Date	29/06/2018	