



## Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) Act 1990

## **Privacy Notice**

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Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

## **Local Planning Authority details:**



Email: planning@camden.gov.uk

Phone: 020 7974 4444 Fax: 020 7974 1680 Development Management Camden Town Hall Extension Argyle Street London WC1H 8EQ

## Publication of applications on planning authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

If printed, please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your application.

| 1. Applicant Name and Address |   |  |  |  |
|-------------------------------|---|--|--|--|
| Title:                        | First name:   |  |  |  |
| Last name:                    |   |  |  |  |
| Company (optional):           | King's Cross Central General Partner Limited (KCCGPL) |  |  |  |
| Unit:                         | House number: House suffix:                           |  |  |  |
| House name:                   | c/o Argent (King's Cross) Ltd                         |  |  |  |
| Address 1:                    | 4 Stable Street                                       |  |  |  |
| Address 2:                    | King's Cross Central                                  |  |  |  |
| Address 3:                    |   |  |  |  |
| Town:                         | London  |  |  |  |
| County:                       |   |  |  |  |
| Country:                      |   |  |  |  |
| Postcode:                     | N1C 4AB   |  |  |  |

| 2. Agent Name and Address |                             |  |  |  |  |
|---------------------------|-----------------------------|--|--|--|--|
| Title:                    | First name: Laura           |  |  |  |  |
| Last name:                | Murray                      |  |  |  |  |
| Company<br>(optional):    | Argent LLP                  |  |  |  |  |
| Unit:                     | House number: House suffix: |  |  |  |  |
| House<br>name:            |                             |  |  |  |  |
| Address 1:                | 4 Stable Street             |  |  |  |  |
| Address 2:                |                             |  |  |  |  |
| Address 3:                |                             |  |  |  |  |
| Town:                     | London                      |  |  |  |  |
| County:                   |                             |  |  |  |  |
| Country:                  |                             |  |  |  |  |
| Postcode:                 | N1C 4AB                     |  |  |  |  |

| 3. Site Address Details  |   |   | e-application Advice   |  |  |  |  |
|--|---|---|--|--|--|--|--|
| Please provide the full postal address of the application site.  |   |   | Has assistance or prior advice been sought from the local  |  |  |  |  |
| Unit:  | House number: House suffix:   | authori   | ty about this application? X Yes No  |  |  |  |  |
| House<br>name:   | Building S5   |   | please complete the following information about the advice re given. (This will help the authority to deal with this |  |  |  |  |
| Address 1:   | Development Zone S  | applica   | tion more efficiently).<br>tick if the full contact details are not  |  |  |  |  |
| Address 2:   | King's Cross Central  |   | , and then complete as much as possible:   |  |  |  |  |
| Address 3:   | York Way  |   | name:<br>ck Marfleet   |  |  |  |  |
| Town:  | London  | Refere  |  |  |  |  |  |
| County:  |   |   |  |  |  |  |  |
| Postcode (optional):   |   | Date (DD/MM/YYYY): (must be pre-application submission) |  |  |  |  |  |
| Description of location or a grid reference. (must be completed if postcode is not known):   |   |   | s of pre-application advice received?  |  |  |  |  |
| Easting:   | 530038 Northing: 183706   | Ple   | ease see submission documents for full details   |  |  |  |  |
| Description  | ı:  |   |  |  |  |  |  |
|  |   |   |  |  |  |  |  |
|  |   |   |  |  |  |  |  |
|  | ption Of Your Proposal ride a description of the approved development as showr                                  | on the d  | ecision letter, including the application reference number   |  |  |  |  |
| and date of  | decision in the sections below:   |   |  |  |  |  |  |
| Det  | ails of Reserved Matters of Outline Planning Per<br>ase see submission documents for full details               | mission   | reference 2004/2307/P  |  |  |  |  |
|  |   |   |  |  |  |  |  |
| Reference n  | number: Date of decision:   |   | (Date must be pre-application submission) (DD/MM/YYYY)   |  |  |  |  |
| Please state   | e the condition number(s) to which this application relate  | s:  |  |  |  |  |  |
| 1.   |   | 6.  |  |  |  |  |  |
| 2.   |   | 7.  |  |  |  |  |  |
| 3.   |   | 8.  |  |  |  |  |  |
| 4.   |   | 9.  |  |  |  |  |  |
| 5.   |   | 10.   |  |  |  |  |  |
| Has the dev  | velopment already started?  |   | Yes No   |  |  |  |  |
| If Yes, pleas  | se state when the development started (DD/MM/YYYY):   |   | (date must be pre-application submission)  |  |  |  |  |
| Has the dev  | Has the development been completed?   |   |  |  |  |  |  |
| If Yes, pleas  | If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission) |   |  |  |  |  |  |
| 6. Discha  | 6. Discharge Of Condition   |   |  |  |  |  |  |
| Please prov  | Please provide a full description and/or list of the materials/details that are being submitted for approval:   |   |  |  |  |  |  |
| Please see submission documents for full details   |   |   |  |  |  |  |  |
| 7. Part Discharge Of Condition(s)  |   |   |  |  |  |  |  |
| Are you seeking to discharge only part of a condition?  If Yes, please indicate which part of the condition your application relates to: |   |   |  |  |  |  |  |
|  | Please see submission documents for full details  |   |  |  |  |  |  |

|  | re you have sent all the ation being deemed inv | information in support of your proposal. Failure to submit all valid. It will not be considered valid until all information required by |  |  |  |  |  |  |
|--|---|---|--|--|--|--|--|--|
| The original and 3 copies* of a completed and dated application form:  | The c<br>or inf                                 | original and 3 copies* of other plans and drawings formation necessary to describe the subject of the application:                      |  |  |  |  |  |  |
| The correct fee:   |   |   |  |  |  |  |  |  |
| *National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.   |   |   |  |  |  |  |  |  |
| information. I/we confirm that, to the best of n<br>genuine opinions of the person(s) giving them  | ny/our knowledge, any                           | nis form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the           |  |  |  |  |  |  |
| Signed - Applicant:  |   | Or signed - Agent:  |  |  |  |  |  |  |
|  |   | Laura Murray  |  |  |  |  |  |  |
| Date (DD/MM/YYYY):   |   |   |  |  |  |  |  |  |
| 4th October 2018 (date cannot be pre-application)  |   |   |  |  |  |  |  |  |
| 10. Applicant Contact Details  |   | 11. Agent Contact Details   |  |  |  |  |  |  |
| Telephone numbers  |   | Telephone numbers   |  |  |  |  |  |  |
| Country code: National number:   | Extension number:                               | Country code: National number: Extension number:  |  |  |  |  |  |  |
|  |   | 44 0203 664 0200  |  |  |  |  |  |  |
| Country code: Mobile number (optional):  |   | Country code: Mobile number (optional):   |  |  |  |  |  |  |
| Country code: Fax number (optional):   |   | Country code: Fax number (optional):  |  |  |  |  |  |  |
| Email address (optional):  |   | Email address (optional):   |  |  |  |  |  |  |
|  |   | laura.murray@argentllp.co.uk  |  |  |  |  |  |  |
| 12. Site Visit   |   |   |  |  |  |  |  |  |
| Can the site be seen from a public road, public  | footpath, bridleway or                          | other public land? X Yes No   |  |  |  |  |  |  |
| If the planning authority needs to make an appout a site visit, whom should they contact? (Planta is the planta is | oointment to carry<br>ease select only one)     | X Agent Applicant Other (if different from the agent/applicant's details)   |  |  |  |  |  |  |
| If Other has been selected, please provide:  |   |   |  |  |  |  |  |  |
| Contact name:  |   | Telephone number:   |  |  |  |  |  |  |
| I .  |   |   |  |  |  |  |  |  |

Email address: