

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.

1. Site Address

Number

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.

| Suffix | | | | | |
|--|--|--|--|--|--|
| Property name | 52-53 | | | | |
| Address line 1 | Russell Square | | | | |
| Address line 2 | | | | | |
| Address line 3 | | | | | |
| Town/city | London | | | | |
| Postcode | WC1B 4HP | | | | |
| Description of site location must be completed if postcode is not known: | | | | | |
| Easting (x) | 530190 | | | | |
| Northing (y) | 181896 | | | | |
| Description | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 2. Applicant Deta | ils | | | | |
| 2. Applicant Deta | ils | | | | |
| | ils | | | | |
| Title | See company name | | | | |
| Title First name | | | | | |
| Title First name Surname | See company name | | | | |
| Title First name Surname Company name | See company name Ecole Jeannine Manuel UK | | | | |
| Title First name Surname Company name Address line 1 | See company name Ecole Jeannine Manuel UK | | | | |
| Title First name Surname Company name Address line 1 Address line 2 | See company name Ecole Jeannine Manuel UK | | | | |
| Title First name Surname Company name Address line 1 Address line 2 Address line 3 | See company name Ecole Jeannine Manuel UK | | | | |

| 2. Applicant Detai | ls | | | | | | | |
|--|--|---------------|--|--|--|--|--|--|
| Country | | | | | | | | |
| Postcode | | | | | | | | |
| Primary number | | | | | | | | |
| Secondary number | | | | | | | | |
| Fax number | | | | | | | | |
| Email address | | | | | | | | |
| Are you an agent acting on behalf of the applicant? | | | | | | | | |
| | | | | | | | | |
| 3. Agent Details | | | | | | | | |
| Title | Miss | | | | | | | |
| First name | Emily | | | | | | | |
| Surname | Barnard | | | | | | | |
| Company name | Gerald Eve LLP | | | | | | | |
| Address line 1 | 72 Welbeck Street | | | | | | | |
| Address line 2 | | | | | | | | |
| Address line 3 | | | | | | | | |
| Town/city | LONDON | | | | | | | |
| Country | | | | | | | | |
| Postcode | W1G 0AY | | | | | | | |
| Primary number | 02075187256 | | | | | | | |
| Secondary number | | | | | | | | |
| Fax number | | | | | | | | |
| Email | EBarnard@geraldeve.com | | | | | | | |
| | | | | | | | | |
| 4. Description of t | the Proposal | | | | | | | |
| Please provide a descr | iption of the approved development as shown on the dec | cision letter | | | | | | |
| Change of use from office (Class B1) to non-residential institution (Class D1) | | | | | | | | |
| Reference number | | | | | | | | |
| 2017/2285/P | | | | | | | | |
| Date of decision (date must be pre- application submission) | 28/08/2018 | | | | | | | |
| Please state the condition number(s) to which this application relates | | | | | | | | |
| Condition number(s) | | | | | | | | |
| 8 | | | | | | | | |
| | | | | | | | | |

| 4. Description of | the Proposal | | | | | |
|--|--|------------------------|-----------------------|--------------------------|----------|------|
| Has the development a | already started? | | | | © Yes | No |
| 5. Part Discharge | of Conditions | | | | | |
| Are you seeking to disc | charge only part of a condition? | | | | © Yes | No |
| 6. Discharge of C | onditions | | | | | |
| Please provide a full de | escription and/or list of the materials | s/details that are bei | ng submitted for appr | oval | | |
| Please see cover lette | r | | | | | |
| 7. Site Visit | | | | | | |
| Can the site be seen fr | rom a public road, public footpath, b | ridleway or other pu | blic land? | | Yes | □ No |
| If the planning authorit The agent The applicant Other person | y needs to make an appointment to | carry out a site visit | , whom should they c | ontact? (Please select o | only one | e) |
| | Advice r advice been sought from the local te the following information abou | | | | | |
| Title | Mr | | | | | |
| First name | Patrick | | | | | |
| Surname | Marfleet | | | | | |
| Reference | 2018/2848/PRE | | | | | |
| Date (Must be pre-app | lication submission) | | | | | |
| Details of the pre-appli | ication advice received | | | | | |
| Please see cover lette | r | | | | | |
| | | | | | | |
| 9. Declaration | | | | | | |
| | olanning permission/consent as des our knowledge, any facts stated are | | | | | |
| Date (cannot be pre- application) | 09/11/2018 | | | | | |
| | | | | | | |