

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.

99

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	Astor College			
Address line 1	Charlotte Street			
Address line 2				
Address line 3				
Town/city	London			
Postcode	W1T 4QB			
Description of site location must be completed if postcode is not known:				
Easting (x)	529315			
Northing (y)	181846			
Description				
2. Applicant Deta	ils			
2. Applicant Deta	ils Ms			
Title	Ms			
Title First name	Ms Valerie			
Title First name Surname	Ms Valerie Cooper			
Title First name Surname Company name	Ms Valerie Cooper University College London			
Title First name Surname Company name Address line 1	Ms Valerie Cooper University College London 38-50 Bidborough Street			
Title First name Surname Company name Address line 1 Address line 2	Ms Valerie Cooper University College London 38-50 Bidborough Street			
Title First name Surname Company name Address line 1 Address line 2 Address line 3	Ms Valerie Cooper University College London 38-50 Bidborough Street			

2. Applicant Detai	ls				
Country					
Postcode	WC1H 9BT				
Primary number					
Secondary number					
Fax number					
Email address					
Are you an agent acting on behalf of the applicant?					
3. Agent Details					
Title	Mr				
First name	Nick				
Surname	Woolf				
Company name	Galliford Try				
Address line 1	Wonersh House				
Address line 2	Old Portsmouth Road				
Address line 3	Peasmarsh				
Town/city	Guildford				
Country					
Postcode	GU3 1LR				
Primary number	02076791957				
Secondary number					
Fax number					
Email	nicholas.woolf@gallifordtry.co.uk				
4. Description of	the Proposal				
Please provide a description of the approved development as shown on the decision letter					
Refurbishment of existing student accommodation (Sui Generis) comprising 2 storey upper ground floor front extension, 8 storey rear extension and front central bay extended forward (from 1st to 6th floor) to provide 60 additional bedrooms, elevational alterations including overcladding, relocation of main access, provision of ground floor cafe (Class A3) and pedestrianisation of Bedford Passage.					
Reference number					
2015/1139/p					
Date of decision (date must be pre- application submission)	27/08/2015				
Please state the condition number(s) to which this application relates					
Condition number(s)					
13a					

4. Description of t	he Proposal				
Has the development a	lready started?	⊚ Yes	○ No		
If Yes, please state when the development was started (date must be pre- application submission)	04/09/2017				
Has the development b	een completed?	ℚ Yes	No		
5. Part Discharge					
Are you seeking to disc	charge only part of a condition?	□ Yes	No		
6. Discharge of Co	onditions				
_	escription and/or list of the materials/details that are being	g submitted for approval			
	s of evectional treatment and junctions				
Drawings sowing detail	s of evectional freatment and junctions				
7. Site Visit					
	om a public road, public footooth, bridloway or other pub	lia land?			
Can the site be seen in	om a public road, public footpath, bridleway or other pub	ilic land? ● Yes	○ No		
	needs to make an appointment to carry out a site visit,	whom should they contact?			
The agentThe applicant					
Other person					
8. Pre-application	Advice				
Has assistance or prior	advice been sought from the local authority about this a	pplication? Yes	○ No		
If Yes, please complet efficiently):	e the following information about the advice you wer	re given (this will help the authority to deal with	this application more		
Officer name:					
Title	Mr				
First name	David				
Surname	peres da costa				
Reference					
Date (Must be pre-appl	ication submission)				
Details of the pre-application advice received					
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.					
Date (cannot be preapplication)	15/02/2019				