

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. Site Address					
Number					
Suffix					
Property name					
Address line 1					
Address line 2					
Address line 3					
Town/city					
Postcode					
Description of site location must be completed if postcode is not known:					
Easting (x)	529925				
Northing (y)	183803				
Description					
Buildings T2-T3 Development Zone T King's Cross Central London N1C 4BD					

2. Applicant Details					
Title	Mr				
First name	Stefano				
Surname	Longhi				
Company name	Bennetts Associates				
Address line 1	1 rawstorne place				
Address line 2					
Address line 3					
Town/city	London				

# 2. Applicant Details

Country	United Kingdom			
-				
Postcode	EC1V 7NL			
Primary number				
Secondary number				
Secondary number				
Fax number				
Email address				
Are you an agent acting on behalf of the applicant?				

🔍 Yes 🛛 💿 No

# 3. Agent Details

No Agent details were submitted for this application

#### 4. Description of the Proposal

Please provide a description of the approved development as shown on the decision letter

for erection of two build centre in T2 at ground f T2. Associated cycle ar conditions 9, 10, 14, 16 22/12/06 (subject to S1 lands within the King's	lings, T2 (part 9, part 10 storeys) and T3 (part 10, part 12 loor (Class D1), flexible commercial/office/leisure units a nd car parking, refuse store, storage and plant areas pro i-22, 27, 28, 31, 33- 36, 45, 46, 48, 49, 50A, 51, 56, 60 a 06 agreement) for a comprehensive, phased, mixed-use	art of the ground floor from D1 (primary health care centr	a primary health care outh west corner of each. As required by 2307/P granted		
Reference number					
	erved Matters Approval] endments to Reserved Matters Approval]				
Date of decision (date must be pre- application submission)	27/03/2019				
Please state the condi	tion number(s) to which this application relates				
Condition number(s)					
Conditions 2 a) [part or	ly], 2b) [part only], 2c), 2d), 2e), 3 and 5				
Has the development already started?		🖲 Yes 🔾 No	)		
If Yes, please state when the development was started (date must be pre- application submission)	01/08/2018				
Has the development been completed?		Q Yes 💿 No	)		
5. Part Discharge	of Conditions				
Are you seeking to discharge only part of a condition?		💿 Yes 🔾 No	)		
If Yes, please indicate which part of the condition your application relates to					
Conditions 2 a) [part only] and 2b) [part only], and 2c), 2d) and 2e) Public Realm under conditions 2c), 2d) and 2e) will be submitted by Argent via application					

Condition 3 and 5 are in full.

### 6. Discharge of Conditions

Please provide a full description and/or list of the materials/details that are being submitted for approval

Transmittal Sheet 1503\_TS\_0190 listing the documents issued via extranet [Material and finishes sample sheets and digital copy of the drawings] for approval of the materials and finishes, and the details, reserved by conditions 2a), 2b), 2c), 2d), 2e), 3 and 5.

## 7. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?			Yes	© No
If the planning authority The agent The applicant Other person	r needs to make an appointment to carry out a site visit, v	vhom should they contact?		
8. Pre-application	Advice			
Has assistance or prior	advice been sought from the local authority about this ap	oplication?	Yes	◯ No
If Yes, please complet efficiently):	e the following information about the advice you wer	e given (this will help the authority to d	eal with	this application more
Officer name:				
Title				
First name				
Surname				
Reference				
Date (Must be pre-appl	ication submission)			
Details of the pre-appli	cation 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) 27/09/2019