Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

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.

Please complete using block capitals and black ink.

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

1. Applicant Name and Address						
Title:	MR	First name:	DAVID			
Last name:	VENTURA					
Company (optional):						
Unit:	House number: 20 House suffix:					
House name:						
Address 1:	PARKHILL ROAD					
Address 2:	LONDON					
Address 3:						
Town:						
County:						
Country:						
Postcode:	NW3 2YI	N				

2. Agent	Name and	d Address				
Title:	MR	First name:	STEP	PHEN		
Last name:	NASH					
Company (optional):	ALL & NXTHING INTERIORS LTD					
Unit:	House number: 17 House suffix:					
House name:						
Address 1:	ENGLEFIELD ROAD					
Address 2:	LONDON					
Address 3:						
Town:						
County:						
Country:						
Postcode:	N1 4LJ					

3. Site A	ddress Details)	4. Pre-ap	plication Advice		
Please provide the full postal address of the application site.				ce or prior advice been sought from the local pout this application?		
Unit:	House number: 20-20A	House suffix:	authority au	Yes X No		
House name:			If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this			
Address 1:	Idress 1: PARKHILL ROAD			application more efficiently). Please tick if the full contact details are not		
Address 2:	LONDON			then complete as much as possible:		
Address 3:			Officer nam	le:		
Town:			Reference:			
County:						
Postcode (optional):	NW3 2YN		Date (DD/MM/YYYY):			
Description	n of location or a grid reference. Completed if postcode is not known)		(must be pre-application submission) Details of pre-application advice received?			
Easting:	Northing:	·	- 33333 51			
Description						
·						
5 Descri	ption Of Your Proposal					
Please prov	•	development as shown	on the decision	on letter, including the application reference number		
APPLICAT	TON REF NO: 2018/5411/P	Toor level with terraces above	and alterations to f	front elevation of no.20A in connection with enlargement of		
existing n	naisonette (C3); provision of cycle/bin store to f	ront		1000_P1; Design and Access Statement (dated 5/1/2018);		
	ree Survey, AIA & AMS prepared by Indigo surve					
Reference i	number: 2018/5411/P	Date of decision:	11.1.19	(Date must be pre-application submission) (DD/MM/YYYY)		
Please stat	e the condition number(s) to which	this application relate	s:			
1.			6.			
2.			7.			
3.			8.			
4.	CONDITION NUMBER 4 (full details in respect of the living roof)		9.			
5.			10.			
Has the development already started? Yes No						
If Yes, please state when the development started (DD/MM/YYYY): (date must be pre-application submission)						
Has the development been completed?						
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)						
6. Discha	arge Of Condition					
Please prov	vide a full description and/or list of t	he materials/details th	nat are being s	ubmitted for approval:		
BAUDER XF301 SEDIUM SYSTEM (All details and build up attached)						
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:						

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information required will result in your application being deemed involve Local Planning Authority has been submitted.					
The original and 3 copies of a completed and dated application form:	original and 3 copies of other plans and drawings Iformation necessary to describe the subject of the application:				
The correct fee:					
9. Declaration I/we hereby apply for planning permission/consent as described in th information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them. Signed - Applicant:	is form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the Or signed - Agent:				
Date (DD/MM/YYYY):					
4.2.20 (date cannot be pre-application)					
Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Telephone numbers Country code: National number: Country code: Mobile number (optional): +44				
12. Site Visit Can the site be seen from a public road, public footpath, bridleway or If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide: Contact name:	other public land? Yes No Agent Applicant Other (if different from the agent/applicant's details) Telephone number:				

Email address: