

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

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.

| Number | 59 | | | | |
|--|---|--|--|--|--|
| Suffix | | | | | |
| Property name | | | | | |
| Address line 1 | St Giles High Street | | | | |
| Address line 2 | | | | | |
| Address line 3 | | | | | |
| Town/city | London | | | | |
| Postcode | WC2H 8LH | | | | |
| Description of site location must be completed if postcode is not known: | | | | | |
| Easting (x) | 529918 | | | | |
| Northing (y) | 181295 | | | | |
| Description | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 2. Applicant Deta | ils | | | | |
| 2. Applicant Deta | ils Mr | | | | |
| i | | | | | |
| Title | Mr | | | | |
| Title First name | Mr Richard | | | | |
| Title First name Surname | Mr Richard | | | | |
| Title First name Surname Company name | Mr Richard Metcalfe | | | | |
| Title First name Surname Company name Address line 1 | Mr Richard Metcalfe 26 Soho Square | | | | |
| Title First name Surname Company name Address line 1 Address line 2 | Mr Richard Metcalfe 26 Soho Square | | | | |
| Title First name Surname Company name Address line 1 Address line 2 Address line 3 | Mr Richard Metcalfe 26 Soho Square London | | | | |

| 2. Applicant Detai | ls | | | | |
|--|--|--|--|--|--|
| Country | | | | | |
| Postcode | W1D 4NU | | | | |
| Are you an agent acting | g on behalf of the applicant? | ⊚ Yes □ No | | | |
| Primary number | | | | | |
| Secondary number | | | | | |
| Fax number | | | | | |
| Email address | | | | | |
| | | | | | |
| 3. Agent Details | | | | | |
| Title | Ms | | | | |
| First name | Anna | | | | |
| Surname | Snow | | | | |
| Company name | Iceni Projects | | | | |
| Address line 1 | Da Vinci House | | | | |
| Address line 2 | 44 Saffron Hill | | | | |
| Address line 3 | | | | | |
| Town/city | London | | | | |
| Country | | | | | |
| Postcode | EC1N 8FH | | | | |
| Primary number | | | | | |
| Secondary number | | | | | |
| Fax number | | | | | |
| Email | | | | | |
| | | | | | |
| 4. Description of t | | | | | |
| | iption of the approved development as shown on the dec | | | | |
| Alterations to include the connection with the rec | ne relining of the roof with reclaimed tiles and works of re levelopment of St Giles Circus site. | furbishment and repair to existing brickwork, windows and shopfront in | | | |
| Reference number | | | | | |
| 2012/6872/L | | | | | |
| Date of decision (date must be pre- application submission) | 31/03/2015 | | | | |
| Please state the condition number(s) to which this application relates | | | | | |
| Condition number(s) | | | | | |
| 3 | | | | | |
| | | | | | |

| 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) | 16/04/2020 | | | | |
| Has the development b | een completed? | ○ Yes | ⊚ No | | |
| 5. Part Discharge | of Conditions | | | | |
| Are you seeking to discharge only part of a condition? | | | | | |
| 6. Discharge of Co | onditions | | | | |
| _ | escription and/or list of the materials/details that are being | submitted for approval | | | |
| Please refer to covering | g letter | | | | |
| 7. Site Visit | | | | | |
| | om a public road, public footpath, bridleway or other pub | ic land? | ONo | | |
| | | | ∪ NO | | |
| If the planning authority The agent | v needs to make an appointment to carry out a site visit, v | whom should they contact? | | | |
| The applicant | | | | | |
| Other person | | | | | |
| | | | | | |
| 8. Pre-application | Advice | | | | |
| Has assistance or prior | advice been sought from the local authority about this a | 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 deal with | this application more | | |
| Officer name: | | | | | |
| Title | Ms | | | | |
| First name | | | | | |
| Surname | | | | | |
| Reference | | | | | |
| Date (Must be pre-appl | ication submission) | | | | |
| 09/07/2020 | | | | | |
| Details of the pre-application advice received | | | | | |
| Details are acceptable | | | | | |
| | | | | | |
| 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 pre- | | | | | |