

Email: planning@camden.gov.uk

Phone: 020 7974 4444 Fax: 020 7974 1680 Development Management Regeneration and Planning London Borough of Camden Judd Street London WC1H 8ND

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:	First name:			
Last name:				
Company (optional):	King's Cross Central General Partner Limited			
Unit:	House House suffix:			
House name:				
Address 1:	4 Stable Street			
Address 2:				
Address 3:				
Town:	London			
County:				
Country:				
Postcode:	N1C 4AB			

2. Agent Name and Address						
Title:	Ms	First name:	Laura			
Last name:	Murray					
Company (optional):	Argent LLP					
Unit:	House number: House suffix:					
House name:						
Address 1:	4 Stable Street					
Address 2:						
Address 3:						
Town:	London					
County:						
Country:						
Postcode:	N1C 4A	В				

3. Site Address Details			re-application Advice			
Please provide the full postal address of the application site.			ssistance or prior advice been sought from the local prity about this application?			
Unit:	House House suffix:	autio	onty about this application?			
House name:	Building S4		please complete the following information about the advice vere given. (This will help the authority to deal with this			
Address 1:			application more efficiently).  Please tick if the full contact details are not			
Address 2:	Address 2: King's Cross Central		n, and then complete as much as possible:			
Address 3:		Office	er name: Patrick Marfleet			
Town:	London	Refere				
County:						
Postcode (optional):	N1C 4AB	(must	Date (DD/MM/YYYY):  be pre-application submission)  Summer 2020			
Description (must be co	of location or a grid reference. Impleted if postcode is not known):		ils of pre-application advice received?			
Easting:	Northing:		Please see Submission Documents			
Description	:					
5. Descri	ption Of Your Proposal					
Please prov	ride a description of the approved development as showr decision in the sections below:	on the	decision letter, including the application reference number			
	Please see Submission Documents					
Reference n	number: 2004/2307/P Date of decision:	22/12/2				
	e the condition number(s) to which this application relate	S:	submission) (DD/MM/YYYY)			
1.	Please see Submission Documents	6.				
2.		7.				
3.		8.				
4.		9.				
5.		10.				
Has the dev	/elopment already started?		Yes x No			
If Yes, please state when the development started (DD/MM/YYYY):			(date must be pre-application submission)			
Has the dev	Has the development been completed?  Yes X No					
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)						
6. Discha	rge Of Condition					
Please provide a full description and/or list of the materials/details that are being submitted for approval:						
please see Submission Documents						
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:  Please see Submission Documents						
riease see subiliission pocuments						

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the 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 formation necessary to describe the subject of the application:					
The correct fee:	×						
	t of my/our knowledge, any	nis form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the					
		Laura Murray					
Date (DD/MM/YYYY):  15/12/2020 (date can	not be pre-application)						
10. Applicant Contact Details		11. Agent Contact Details					
Country code: National number:  Country code: Mobile number (option  Country code: Fax number (optional):  Email address (optional):	Extension number:	Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  Laura.Murray@argentllp.co.uk					
<b>12. Site Visit</b> Can the site be seen from a public road, p  If the planning authority needs to make a out a site visit, whom should they contact	n appointment to carry ? (Please select only one)	r other public land?					
f Other has been selected, please provide:							

Telephone number:

Laura.Murray@argentllp.co.uk

Contact name:

Email address:

Laura Murray