

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 | 126 | | | | | |
|--|--|--|--|--|--|--|
| Suffix | | | | | | |
| Property name | | | | | | |
| Address line 1 | Boundary Road | | | | | |
| Address line 2 | | | | | | |
| Address line 3 | | | | | | |
| Town/city | London | | | | | |
| Postcode | NW8 0RH | | | | | |
| Description of site locati | Description of site location must be completed if postcode is not known: | | | | | |
| Easting (x) | 525923 | | | | | |
| Northing (y) | 183589 | | | | | |
| Description | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2. Applicant Detai | Is | | | | | |
| 2. Applicant Detai | ls Mr | | | | | |
| | | | | | | |
| Title | Mr | | | | | |
| Title First name | Mr F | | | | | |
| Title First name Surname | Mr F Zavahir | | | | | |
| Title First name Surname Company name | F Zavahir Medical & Aesthetic Training Academy Limited | | | | | |
| Title First name Surname Company name Address line 1 | F Zavahir Medical & Aesthetic Training Academy Limited | | | | | |
| Title First name Surname Company name Address line 1 Address line 2 | F Zavahir Medical & Aesthetic Training Academy Limited | | | | | |
| Title First name Surname Company name Address line 1 Address line 2 Address line 3 | F Zavahir Medical & Aesthetic Training Academy Limited 1 Harley Street | | | | | |

| 2. Applicant Details | | | | | | | | |
|--|--|---|--|--|--|--|--|--|
| Country | | | | | | | | |
| Postcode | W1G 9QD | | | | | | | |
| 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 | Mr | | | | | | | |
| First name | Benjamin | | | | | | | |
| Surname | Elsdon | | | | | | | |
| Company name | Paper Project a+d | | | | | | | |
| Address line 1 | The Sawmills | | | | | | | |
| Address line 2 | Duntshill Road | | | | | | | |
| Address line 3 | (Off Flock Mill Place) | | | | | | | |
| Town/city | London | | | | | | | |
| Country | United Kingdom | | | | | | | |
| Postcode | SW184QL | | | | | | | |
| Primary number | | | | | | | | |
| Secondary number | | | | | | | | |
| Fax number | | | | | | | | |
| Email | | | | | | | | |
| | | | | | | | | |
| 4. Description of t | he Proposal | | | | | | | |
| Please provide a descr | iption of the approved development as shown on the dec | cision letter | | | | | | |
| Erection of single store front facing roof terrace | y rear extension at ground floor level and erection of roo e at third floor level, and replacement of existing uPVC w | f extension to create 39sqm additional (Use Class) D1 floorspace. Formation of ndow frames with timber. | | | | | | |
| Reference number | | | | | | | | |
| 2019/0116/P | | | | | | | | |
| Date of decision (date must be pre- application submission) | 02/08/2019 | | | | | | | |
| Please state the condition number(s) to which this application relates | | | | | | | | |
| Condition number(s) | | | | | | | | |
| 2 | | | | | | | | |
| | | | | | | | | |

| 4. Description of t | he Proposal | | | | | |
|--|--|--------------|-------|------|--|--|
| Has the development already started? | | | Yes | ℚ No | | |
| If Yes, please state when the development was started (date must be pre- application submission) | 31/08/2019 | | | | | |
| Has the development b | een completed? | | © Yes | ⊚ No | | |
| 5. Part Discharge | of Conditions | | | | | |
| Are you seeking to disc | charge only part of a condition? | | ℚ Yes | No | | |
| 6 Discharge of Co | onditions | | | | | |
| 6. Discharge of Conditions Please provide a full description and/or list of the materials/details that are being submitted for approval | | | | | | |
| Manufacturer's specification and details of all facing materials. See attached schedule and drawings. | | | | | | |
| | | | | | | |
| 7. Site Visit | | | | | | |
| Can the site be seen from a public road, public footpath, bridleway or other public land? | | | | | | |
| If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? The agent The applicant Other person | | | | | | |
| | | | | | | |
| 8. Pre-application | | | | | | |
| Has assistance or prior | advice been sought from the local authority about this a | application? | | No | | |
| 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- application) | 15/07/2021 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |