

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 (as amended); Planning (Listed Buildings and Conservation Areas) Act 1990 (as amended)

## 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.

Site Location		
	no board on the answers a	iven in the questions
Disclaimer: We can only make recommendation	is based on the answers g	iven in the questions.
If you cannot provide a postcode, the description help locate the site - for example "field to the Nor		ompleted. Please provide the most accurate site description you can, to
Number		
Suffix		
Property Name		
Princes Circus Drinking Fountain		
Address Line 1		
Princes Circus		
Address Line 2		
Shaftesbury Avenue		
Address Line 3		
Town/city		
London		
Postcode		
Description of site location must	be completed if p	ostcode is not known:
Easting (x)		Northing (y)
530107		181334
Description		

Planning Portal Reference: PP-11563803

Applicant Details
Name/Company
Title
Ms
First name
Stephanie
Surname
Dance-Groom
Company Name
LB Camden
Address
Address line 1
West End Project
Address line 2
London Borough of Camden
Address line 3
5 Pancras Square
Town/City
London
Country
United Kingdom
Postcode
N1C 4AG
Are you an agent acting on behalf of the applicant?
ONo Contact Dataile
Contact Details  Primary number
07581136755
Secondary number

Drinking fountain located at Princes Circus, north of Shaftesbury Avenue and to the west of the Shaftesbury Theatre

Fax number	
Email address	
kate.graham@theheritagepractice.com	
Agent Details	
Name/Company	
Title	
First name	
Kate	
Surname	
Graham	
Company Name	
The Heritage Practice	
Address	
Address line 1	
10 Bloomsbury Way	
Address line 2	
Address line 3	
Town/City	
London	
Country	
Postcode	
WC1A 2SL	
Contact Details	
Primary number	
02038712951	
Secondary number	

Fax number
Email address
kate.graham@theheritagepractice.com
Description of the Proposal
Description of the Proposal  Places provide a description of the approved development as shown on the designin letter.
Please provide a description of the approved development as shown on the decision letter
Dismantling, cleaning, refurbishment, storage and relocation of the drinking fountain to a site in front of Shaftesbury Theatre, as part of wider West End Project relandscaping scheme.
Reference number
2020/1446/L
Date of decision (date must be pre-application submission)
23/02/2021
Please state the condition number(s) to which this application relates
Condition number(s)
4
Has the development already started?
<ul><li>✓ Yes</li><li>○ No</li></ul>
If Yes, please state when the development was started (date must be pre-application submission)  01/09/2021
Has the development been completed?  O Yes
⊙ No
Part Discharge of Conditions
Are you seeking to discharge only part of a condition?
○ No
If Yes, please indicate which part of the condition your application relates to
Condition 4 was part-approved on 5 July 2022 (2021/1830/L). The original condition related to the dismantling and then cleaning and reconstruction of the fountain. The 'dismantling' part was approved first and the current application relates to the remaining aspects of the condition.

Discharge of Conditions  Please provide a full description and/or list of the materials/details that are being submitted for approval
Method Statement Cover letter
Site Visit  Can the site be seen from a public road, public footpath, bridleway or other public land?  ② Yes  ③ No  If the planning authority needs to make an appointment to carry out a site visit, whom should they contact?  ④ The agent  ⑤ The applicant  ⑥ Other person
Pre-application Advice  Has assistance or prior advice been sought from the local authority about this application?
Officer name: Title  Ms
First Name  Elaine
Surname  Quigley  Reference
Date (must be pre-application submission)  05/07/2022
Details of the pre-application advice received  Advised that a second DoC application is required.
Declaration

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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 options of the persons giving them. I / We also accept that: Once submitted, this information will be transmitted to the Local Planning Authority and, once validated by them, be made available as part of a public register and on the authority's website; our system will automatically generate and send you emails in regard to the submission of this application.
☑ I / We agree to the outlined declaration Signed
Signed
Kate Graham
Date
03/10/2022

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