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## Application for removal or variation of a condition following grant of planning permission. Town and Country Planning Act 1990. Planning (Listed Buildings and Conservation Areas) Act 1990

## Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting nformation to the Local Planning Authority in accordance with the legislation detailed on this form.

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Jpon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

## Local Planning Authority details:

Camden

Email: planning@camden.gov.uk

Fax: 020 7974 4444

Development Management Camden Town Hall Extension Argyle Street London WC1H 8EQ

Publication of applications on planning authority websites information provided on this form and in supporting documents may be published on the authority's planning register and vebsite.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require ny further clarification, please contact the Local Planning Authority directly.

printed, please complete using block capitals and black ink.

is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your pplication.

| Applicant Name and Address |                                | 2. Agent Name and Address |                        |
|----------------------------|--------------------------------|---------------------------|------------------------|
| Title:                     | Ms. First name: NAOMI          | П                         | MR. First name: GERALD |
| _ast name:                 | CUMHAM                         | Last name:                | LONG                   |
| Company<br>(optional):     |                                | Company (optional):       |                        |
| Jnit:                      | House number: 16 House suffix: | Unit:                     | House 9 House suffix:  |
| House<br>name:             |                                | House name:               | Same                   |
| Address 1:                 | ROSE JOAN MEWS                 | Address 1:                | DOGNELL GREEN          |
| \ddress 2:                 |                                | Address 2:                |                        |
| ıddress 3:                 |                                | Address 3:                |                        |
| own:                       | LONDON                         | Town:                     | KELWYN GARDEN CITY     |
| ounty:                     | MIDDLE36X                      | County:                   | HERTS                  |
| Г                          | NWE IDQ                        |                           | AL8 7BL                |

| 3. Site Address Details  | 4. Pre-application Advice  |  |  |  |  |
|--|--|--|--|--|--|
| Please provide the full postal address of the application site.  Unit: House House House   | Has assistance or prior advice been sought from the local authority about this application?  Yes  No   |  |  |  |  |
| Unit: House 16 House suffix:   |  |  |  |  |  |
| 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: ROSE JOAN MEWS  | application more efficiently).  Please tick if the full contact details are not  |  |  |  |  |
| Address 2:   | known, and then complete as much as possible:  |  |  |  |  |
| Address 3:   | Officer name:  |  |  |  |  |
| Town: LONDON   | Reference:   |  |  |  |  |
| County: MIDDLESEX  | Noticifie.   |  |  |  |  |
| Postcode (optional): NW6 IDQ   | Date (DD/MM/YYYY):   |  |  |  |  |
| Description of location or a grid reference.<br>(must be completed if postcode is not known):  | (must be pre-application submission)  Details of pre-application advice received?  |  |  |  |  |
| Easting: Northing:   |  |  |  |  |  |
| Description:   |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 5. Description Of Your Proposal  |  |  |  |  |  |
| Please provide a description of the approved development as shown and date of decision in the sections below:  | on the decision letter, including the application reference number   |  |  |  |  |
| Change of use of part of ground floor  | of No. 80 Fortune Green Road from  |  |  |  |  |
| space for No. 16 Rose Jaan Mons of   | 3) To create additional trabile place  |  |  |  |  |
| Rose Joan Mews at ground and let Class   | of No. 80 Fortune Green Road from<br>3) to create additional habitable floor-<br>nd ancillary residential space for upper<br>. Alterations to front fenes tration of No. 16<br>levels and central courts and fenestrations |  |  |  |  |
| The state of the s | levels and central courry and fenestrations  |  |  |  |  |
|  | D/MM/YYYY): 13/07/2021 (date must be pre-application submission)   |  |  |  |  |
| Please state the condition number(s) to which this application relates   | S.   |  |  |  |  |
| 1.   | 6.   |  |  |  |  |
| 2.   | 7.   |  |  |  |  |
| 3. APPROVED PRAWINGS FOR PLOOD A, FOR PLOOD B, FOR P. 1025   | 8.   |  |  |  |  |
| 4.   | 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?  | Yes No   |  |  |  |  |
| If Yes, please state when the development was completed (DD/MM/Y   | YYYY): (date must be pre-application submission)   |  |  |  |  |
| 5. Condition(s) - Removal  |  |  |  |  |  |
| Please state why you wish the condition(s) to be removed or changed:   |  |  |  |  |  |
| REFINEMENT OF DESIGN   |  |  |  |  |  |
|  |  |  |  |  |  |
| f you wish the existing condition to be changed, please state how you wish the condition to be varied:   |  |  |  |  |  |
| SUBSTITUTION OF ADDONIET TIPALLING BY TRALLINGS INDIVIDED TOOM   |  |  |  |  |  |

7. Ownership Certificates and Agricultural Land Declaration

One Certificate A, B, C, or D, must be completed with this application form

CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the

| owner * of any part of the land or buildin<br>is part of, an agricultural holding**  | g to which the application relates, and that none of the land to which   | the application relates is, or   |
|--|--|--|
| NOTE: You should sign Certificate B, C application relates but the land is, or i   | or D, as appropriate, if you are the sole owner of the land or build<br>s part of, an agricultural holding.  | ling to which the  |
| * "owner" is a person with a freehold intere   | est or leasehold interest with at least 7 years left to run.<br>given by reference to the definition of "agricultural tenant" in section 65(8  | 3) of the Act.   |
| Signed - Applicant:  | Or signed - Agent:   | Date (DD/MM/YYYY):   |
|  | CERTIFICATE OF OWNERSHIP - CERTIFICATE B   |  |
| 21 days before the date of this application relates.  * "owner" is a person with a freehold interes  * "agricultural tenant" has the meaning q | velopment Management Procedure) (England) Order 2015 Certifit ve/the applicant has given the requisite notice to everyone else (as list on, was the owner* and/or agricultural tenant** of any part of the latest or leasehold interest with at least 7 years left to run. iven in section 65(8) of the Town and Country Planning Act 1990 | cate under Article 14<br>sted below) who, on the day<br>nd or building to which this |
| Name of Owner / Agricultural Tenant  | Address  | Date Notice Served   |
|  | 80 FORTUNE GREEN ROAD NW6 IDS  | 18.01.5054   |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Signed - Applicant:  | Or signed - Agent:   | Date (DD/MM/YYYY):   |
|  |  | 22.01.2024   |

| Neither Certificate A or B can be is     All reasonable steps have been tal                   | CERTIFICATE OF OWNERSHIP - CER<br>clopment Management Procedure) (E<br>sued for this application<br>cen to find out the names and addresses<br>it, but I have! the applicant has been u<br>or lease hald interest with at least 7 years | ngland) Order 2015 Certificate under Article 14 s of the other owners* and/or agricultural tenants* nable to do so.   |
|---|---|---|
| Name of Owner / Agricultural Tenant   | Address   | Date Notice Sen   |
|   |   |   |
|   |   |   |
|   |   |   |
| Notice of the application has been publish (circulating in the area where the land is si      | ed in the following newspaper<br>uated):  | On the following date (which must not be earlie than 21 days before the date of the application)  |
| Signed - Applicant:   | Or signed - Agent:  | Date (DD/MM/Y   |
| Certificate A cannot be issued for the  | is application In to find out the names and addresses oner* and/or agricultural tenant** of any a to do so.   | of everyone else who, on the day 21 days before the part of the land to which this application relates, but the land to which this application relates. |
| Notice of the application has been publishe<br>circulating in the area where the land is situ | d in the following newspaper<br>ated):  | On the following date (which must not be earlie than 21 days before the date of the application):   |
| Signed - Applicant:   | Or signed - Agent:  | Date (DD/MM/YY)   |

| 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 (LPA) has been submitted.  |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| The original and 3 copies* of a completed and dated application form:  | The original and 3 copies* of the completed, dated<br>Ownership Certificate (A, B, C or D – as applicable)                      |  |  |  |  |  |
| The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:  | and Article 14 Certificate (Agricultural Holdings):   |  |  |  |  |  |
| The correct fee:   | 1   |  |  |  |  |  |
| *National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options. |   |  |  |  |  |  |
| 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.  Signed - Applicant:  Or signed - Agent:  Date (DD/MM/YYYY):  22/01/20 24 (date cannot be pre-application)  |   |  |  |  |  |  |
| 10. Applicant Contact Details  | 11. Agent Contact Details   |  |  |  |  |  |
| Telephone numbers  | Telephone numbers   |  |  |  |  |  |
| Country code: National number: Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):   | Country code: National number: Extension number:  Country code: Country code: Fax number (optional):  Email address (optional): |  |  |  |  |  |
| 12. Site Visit  Can the site be seen from a public road, public footpath, bridleway or   |   |  |  |  |  |  |
| f the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)  | ☐ Agent ☑ Applicant ☐ Other (if different from the  |  |  |  |  |  |
| f Other has been selected, please provide:<br>Contact name:  | Telephone number:   |  |  |  |  |  |
| Naomi Mahmud   |   |  |  |  |  |  |
| imail address:   |   |  |  |  |  |  |
|  |   |  |  |  |  |  |