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

## Application for Removal or Variation of a Condition following Grant of Planning Permission or Listed Building Consent

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

**Disclaimer:** We can only make recommendations based on the answers given in the questions.

If you cannot provide a postcode, the description of site location must be completed. Please provide the most accurate site description you can, to help locate the site - for example "field to the North of the Post Office".

Number	<input type="text"/>
Suffix	<input type="text"/>
Property Name	<input type="text" value="Princes Circus Drinking Fountain"/>
Address Line 1	<input type="text" value="Shaftesbury Avenue"/>
Address Line 2	<input type="text"/>
Address Line 3	<input type="text"/>
Town/city	<input type="text" value="London"/>
Postcode	<input type="text"/>

Description of site location must be completed if postcode is not known:

Easting (x)

Northing (y)

Description

Drinking fountain located at the centre of Princes Circus to be relocated to pavement adjacent to Shaftesbury Theatre.

## Applicant Details

### Name/Company

Title

Ms

First name

Stephanie

Surname

Dance-Groom

Company Name

London Borough of Camden

### Address

Address line 1

5 Pancras Square

Address line 2

Platwell

Address line 3

Town/City

London

County

Country

United Kingdom

Postcode

N1C 4AG

Are you an agent acting on behalf of the applicant?

☒ Yes

☐ No

Contact Details

Primary number

\*\*\*\*\* REDACTED \*\*\*\*\*

Secondary number

Fax number

Email address

\*\*\*\*\* REDACTED \*\*\*\*\*

Agent Details

Name/Company

Title

Ms

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

County

Country

Postcode

WC1A 2SL

## Contact Details

Primary number

\*\*\*\*\* REDACTED \*\*\*\*\*

Secondary number

Fax number

Email address

\*\*\*\*\* REDACTED \*\*\*\*\*

## Description of the Proposal

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)

Condition 5

Has the development already started?

☒ Yes

☐ No

If Yes, please state when the development was started (date must be pre-application submission)

01/09/2021

Has the development been completed?

☐ Yes

☒ No

## Condition(s) - Variation/Removal

Please state why you wish the condition(s) to be removed or changed

Condition 5 currently reads: The water fountain shall be provided with a connection to the water mains in accordance with a method statement to be submitted and approved in writing by the local planning authority prior to its re-installation. The relevant part of the works shall not be carried out otherwise than in accordance with the details thus approved.

If you wish the existing condition to be changed, please state how you wish the condition to be varied

The water fountain shall be provided with pipework which allows for future connection to the water mains. The relevant part of the works shall not be carried out otherwise than in accordance with the details thus approved.

Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?

- ☒ Yes
- ☐ No

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

Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

- ☒ Yes
- ☐ No

If Yes, please complete the following information about the advice you were given (this will help the authority to deal with this application more efficiently):

Officer name:

Title

\*\*\*\*\* REDACTED \*\*\*\*\*

First Name

\*\*\*\*\* REDACTED \*\*\*\*\*

Surname

\*\*\*\*\* REDACTED \*\*\*\*\*

Reference

Date (must be pre-application submission)

09/01/2024

Details of the pre-application advice received

The applicant was advised to withdrawn an application to remove Condition 5 and instead apply to vary the wording of the condition as set out above.

Ownership Certificates and Agricultural Land Declaration

Certificates under Article 14 - Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended)

Please answer the following questions to determine which Certificate of Ownership you need to complete: A, B, C or D.

Is the applicant the sole owner of all the land to which this application relates; and has the applicant been the sole owner for more than 21 days?

- ☒ Yes
- ☐ No

Is any of the land to which the application relates part of an Agricultural Holding?

- ☐ Yes
- ☒ No

Certificate Of Ownership - Certificate A

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 building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding\*\*

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

\*\* "agricultural holding" has the meaning given by reference to the definition of “agricultural tenant” in section 65(8) of the Act.

NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding.

Person Role

- ☐ The Applicant
- ☒ The Agent

Title

Ms

First Name

Kate

Surname

Graham

Declaration Date

21/05/2024

☒ Declaration made

# Declaration

I/We hereby apply for Removal/Variation of a condition as described in the questions answered, details provided, 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.  
I/We also accept that, in accordance with the Planning Portal's terms and conditions:  
- Once submitted, this information will be made available to the Local Planning Authority and, once validated by them, be published 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

Kate Graham

Date

30/05/2024