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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.
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	2. Agent Name and Address
Title: <input type="text"/> First name: <input type="text"/>	Title: <input type="text"/> First name: <input type="text"/>
Last name: <input type="text"/>	Last name: <input type="text"/>
Company (optional): REP MAYGROVE RD LLP	Company (optional): HOPKINS ARCHITECTS LLP
Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/>	Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/>
House name: <input type="text"/>	House name: <input type="text"/>
Address 1: C/O AGENT	Address 1: 27 BROADLEY TERRACE
Address 2: <input type="text"/>	Address 2: <input type="text"/>
Address 3: <input type="text"/>	Address 3: <input type="text"/>
Town: <input type="text"/>	Town: <input type="text"/>
County: <input type="text"/>	County: LONDON
Country: <input type="text"/>	Country: UNITED KINGDOM
Postcode: <input type="text"/>	Postcode: NW1 6LG

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name:

Address 1: **65 & 67 MAYGROVE RD.**

Address 2: **LONDON**

Address 3:

Town: **LONDON**

County: **LONDON**

Postcode (optional): **NW6 2EH**

Description of location or a grid reference. (must be completed if postcode is not known):

Easting: **524929** Northing: **184793**

Description: **AS DETAILED IN ITEM 5 BELOW.**

4. 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).

Please tick if the full contact details are not known, and then complete as much as possible:

Officer name: **GAVIN SEXTON**

Reference: **MTG. AT LBC**

Date (DD/MM/YYYY): **19/04/13**
(must be pre-application submission)

Details of pre-application advice received?
TABLED DRAFT OF INFO TO DISCHARGE CONDITIONS 6 & 11, DISCUSSED INFO PROPOSED TO BE SUBMITTED FOR DISCHARGING CONDITIONS 8, 9, 13, 15 & 19 AND DISCUSSED SECTION 106 CONDITIONS TO BE PRIORITISED.

5. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:

REDEVELOPMENT OF THE SITE TO PROVIDE 91 RESIDENTIAL UNITS (12 AFFORDABLE & 79 MARKET TENURE, CLASS C3) IN A BUILDING COMPRISING BASEMENT, GROUND & FOUR UPPER STOREYS WITH BSMT. PARKING & ASSOCIATED HARD & SOFT LANDSCAPING (FOLLOWING THE DEMOLITION OF OFFICE & RESIDENTIAL BUILDINGS AT 65 & 67 MAYGROVE RD.

Reference number: **2012/5934/P** Date of decision: **21/02/13** (Date must be pre-application submission) (DD/MM/YYYY)

Please state the condition number(s) to which this application relates:

11 DETAILS OF THE BIDDIVERSE ROOF.	6 DETAILS OF HARD AND SOFT LANDSCAPING
2.	7.
7 SECTION 106 4.6.1 - DRAFT CONSTRUCTION MANAGEMENT PLAN	8 MEASURES TO PROTECT ALL TREES TO BE RETAINED AS ARBORICULTURAL M.
4.	9 DETAILS OF SECURE AND COVERED CYCLE STORAGE FOR 24 CYCLES
15 DETAILS OF SECURE AND COVERED CYCLE STORAGE FOR 92 CYCLES	19 DETAILS OF A SUSTAINABLE URBAN DRAINAGE SYSTEM

Has the development already started? Yes No

If Yes, please state when the development started (DD/MM/YYYY): **N/A** (date must be pre-application submission)

Has the development been completed? Yes No

If Yes, please state when the development was completed (DD/MM/YYYY): **N/A** (date must be pre-application submission)

6. Discharge Of Condition

Please provide a full description and/or list of the materials/details that are being submitted for approval:

SUBMISSION OF DETAILS TO DISCHARGE CONDITIONS 6, 8, 9, 11, 15 & 19 AS DETAILS ABOVE AND SECTION 106 ITEM 4.6.1 AS ALSO DETAILED ABOVE.

7. Part Discharge Of Condition(s)

Are you seeking to discharge only part of a condition? Yes No

If Yes, please indicate which part of the condition your application relates to:

N/A

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:

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:

The correct fee:

TO FOLLOW FROM APPLICANT

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:

EMMA NSUGBE FOR & ON BEHALF OF HOPKINS ARCHITECTS LLP.

Date (DD/MM/YYYY):

08/05/2013 (date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

11. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

12. 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? (Please select only one)

Agent Applicant Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address: