

Application for a non-material amendment following a grant of planning permission.

Town and Country Planning Act 1990

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:	MR	First name:	ANDREW	Title:	MISS	First name:	MICHELLE
Last name:	HALL			Last name:	LUDIK		
Company (optional):	ROYAL COLLEGE OF RADIOLOGISTS			Company (optional):	BUILDING DESIGN PARTNERSHIP		
Unit:	38	House number:		Unit:	16	House number:	
		House suffix:				House suffix:	
House name:				House name:			
Address 1:	ROYAL COLLEGE OF RADIOLOGISTS			Address 1:	BUILDING DESIGN PARTNERSHIP		
Address 2:	PORTLAND PLACE			Address 2:	BREWHOUSE YARD		
Address 3:				Address 3:	CLERKENWELL		
Town:	LONDON			Town:	LONDON		
County:				County:			
Country:	UNITED KINGDOM			Country:			
Postcode:	W1B 1JQ			Postcode:	EC1V 4LJ		

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

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

Easting: Northing:

Description:

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:

Reference:

Date of advice (DD/MM/YYYY):

Details of pre-application advice received:

5. Eligibility

Do you, or the person on whose behalf you are making this application, have an interest in the part of the land to which this amendment relates?

☒ Yes ☐ No

If you have answered No to this question, you cannot apply to make a non-material amendment.

If you are not the sole owner, has notification under article 9 of the DMPO been given?

☐ Yes ☐ No ☒ Not Applicable

If you have answered No to this question, you cannot apply to make a non-material amendment.

If you have answered Yes to this question, please give details of persons notified:

Person Notified	Address	Date of Notification
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Authority Employee / Member

With respect to the Authority, I am:

- (a) a member of staff
- (b) an elected member
- (c) related to a member of staff
- (d) related to an elected member

Do any of these statements apply to you?

☐ Yes ☒ No

If yes please provide details of the name, relationship and role

7. Description Of Your Proposal

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

INSTALLATION OF REPLACEMENT WINDOWS ON FRONT & REAR ELEVATIONS; INSTALLATION OF NEW PLANT AT ROOF LEVEL; RE-CONFIGURATION OF FORECOURT AREA WITH NEW LEVEL SURFACE AND REMOVAL OF CAR PARKING SPACES TO INCLUDE NEW DISABLED ACCESS RAMP, FIRE ESCAPE STAIRCASE, FRONT ENTRANCE STEPS, CYCLE STANDS, FORECOURT ROOFLIGHTS AND WALL ENCLOSURES PLUS GLAZED ROOFLIGHTS OVER EXISTING LIGHTWELLS, IN ASSOCIATION WITH ENLARGEMENT OF BASEMENT LEVEL UNDER FORECOURT FOR BI OFFICE USE. INSTALLATION OF REPLACEMENT METAL RAILINGS TO FRONT BOUNDARY.

Reference number:

2011/1274/P

Date of decision (DD/MM/YYYY):

10/06/2011.

What was the original application type?:

(e.g. 'Full', 'Householder and Listed Building', 'Outline')

FULL PLANNING.

For the purpose of calculating fees, which of the following best describes the original application type?

Householder development: development to an existing dwelling-house or development within its curtilage ☐

Other: anything not covered by the above category ☒

8. Non-Material Amendment(s) Sought

Please describe the non-material amendment(s) you are seeking to make:

- FINISH TO THE FORECOURT: RESIN BONDED GRAVEL FINISH IS TO BE UPGRADED TO YORKSTONE PAVING.
- EXTENT OF GLAZING TO THE FORECOURT: EXTENT OF GLAZING TO THE FORECOURT IS REVISED TO OMIT ALL GLAZING TO THE FORECOURT OTHER THAN THE GLAZING OVER THE LIGHT WELLS.
- DRY RISER INLET TO FRONT ELEVATION: LONDON FIRE BRIGADE REJECTED OUR PROPOSED FLOOR MOUNTED DRY RISER INLET & IT HAS BEEN RELOCATED NEXT TO THE BOUNDARY WALL AT THE FRONT FACADE. EFFORTS HAVE BEEN MADE TO CONCEAL THE INLET UPBOARD BY FACING IT IN STONE.
- PLANT AT REAR ELEVATION: THERE IS AN INCREASE OF COOLING UNITS FROM 2 UNITS TO 4 UNITS AT 6TH FLOOR, REAR ELEVATION. THE INCREASE IN UNITS HAS NEGLIGIBLE IMPACT ON NOISE LEVELS (ACOUSTIC STATEMENT INCLUDED).

Are you intending to substitute amended plans or drawings?

☒ Yes

☐ No

If Yes, please complete the following:

Old plan/drawing number(s):

PL(00)AP1000, PL(20)AP110, PL(20)AP117, PL(20)AE120,
(ADDITIONAL EXIST. SCHEME DRWS: SK(67)A004,

New plan/drawing number(s):

PL(00)AP1001, PL(20)AP210, PL(20)AP217, PL(20)AE220,
(ADDITIONAL DRWS) SK(67)A005, SK(67)A001-002, SK(67)A003 - ACOUSTIC STATEMENT.

Please state why you wish to make this amendment:

THE YORKSTONE PAVING IS IN RECOGNITION OF THE IMPORTANCE OF THE HARD LANDSCAPING IN RELATION TO THE STREETSCAPE AND WIDER CONTEXT.

THE OTHER ITEMS ARE RESULTANT OF DESIGN DEVELOPMENT FOLLOWING THE PLANNING APPLICATION.

9. 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 not being accepted. It will not be accepted 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: ☒

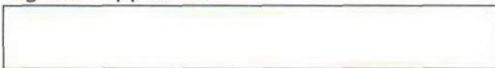
10. Declaration

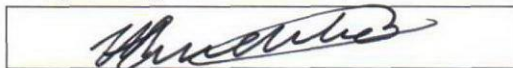
I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):





15.05.2012.

11. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

+44 (0)20 7636 4432

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

12. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

+44 (0)207 812 8000 8074

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

michelle.ludik@bdp.com

13. 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: