

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: First name: | Title: MR First name: SUSHEEL |
| Last name: | Last name: DAS |
| Company (optional): LOGICA (UK) LIMITED | Company (optional): COTT BROWNRIGG |
| Unit: House number: House suffix: | Unit: House number: 77 House suffix: |
| House name: C/O ALENT | House name: |
| Address 1: | Address 1: ENDELL STREET |
| Address 2: | Address 2: |
| Address 3: | Address 3: |
| Town: | Town: LUNDON |
| County: | County: |
| Country: | Country: UNITED KINGDOM |
| Postcode: | Postcode: WCZH 9DZ |

| Please provide the full postal address of the application site. | Has assistance or prior advice been sought from the local authority about this application? |
|---|--|
| Unit: House number: 67 - 87 House suffix: | authority about this application? Yes No |
| House name: STEPHENSON HOWSE | If Yes, please complete the following information about the advic you were given. (This will help the authority to deal with this |
| Address 1: HAMPSTEAD ROAD | 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: MAX SMITH |
| Town: LONDON | Reference: |
| County: | |
| Postcode (optional): NW1 2PL | Date of advice (DD/MM/YYYY): |
| Description of location or a grid reference. (must be completed if postcode is not known): | Details of pre-application advice received: |
| Easting: Northing: | DETA |
| Description: | <u> </u> |
| | |
| | |
| 5. Eligibility | |
| Do you, or the person on whose behalf you are making this appl | lication, |
| have an interest in the part of the land to which this amendmen | t relates? |
| If you have answered No to this question, you can | not apply to make a non-material amendment. |
| If you are not the sole owner, has notification under article 4F(3) | of the GDPO been given? Yes No Not Applicable |
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| le | |
| | not apply to make a non-material amendment. |
| If you have answered No to this question, you can If you have answered Yes to this question, please give details of | not apply to make a non-material amendment. persons notified: |
| | not apply to make a non-material amendment. |
| If you have answered Yes to this question, please give details of | not apply to make a non-material amendment. persons notified: |
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| If you have answered Yes to this question, please give details of | not apply to make a non-material amendment. persons notified: |
| If you have answered Yes to this question, please give details of Person Notified | not apply to make a non-material amendment. persons notified: |
| If you have answered Yes to this question, please give details of Person Notified 6. Authority Employee / Member With respect to the Authority, I am: | not apply to make a non-material amendment. persons notified: |
| If you have answered Yes to this question, please give details of Person Notified 6. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff | not apply to make a non-material amendment. persons notified: Address Date of Notification Do any of these statements apply to you? |
| If you have answered Yes to this question, please give details of Person Notified Person Notified 6. Authority Employee / Member With respect to the Authority, I am: | not apply to make a non-material amendment. persons notified: Address Date of Notification |
| 6. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff (b) an elected member | not apply to make a non-material amendment. persons notified: Address Date of Notification Do any of these statements apply to you? |
| 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 | not apply to make a non-material amendment. persons notified: Address Date of Notification Do any of these statements apply to you? Yes No |
| 6. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to an elected member (d) related to an elected member | not apply to make a non-material amendment. persons notified: Address Date of Notification Do any of these statements apply to you? Yes No |

| 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: | | |
| AMENOMENTS TO PLANNING PERMISSION 2007/3978/P GRANTED | | |
| ON 26/03/2009 FOR THE "CHANGE OF USE AND WORKS OF | | |
| CONVERSION OF 65 LAMPSTEAD ROAD (CLASS A4-PUBLIC HOUSE) | | |
| TO OFFICES (CLASS BLa), INCLUDING GROUND AND FIRST FLOOR | | |
| INFLU EXTENSION TO FRONT OF 67-87 HAMPSTEAD ROAD | | |
| AND REPLACEMENT GLAZING TO HAMPSTEAD ROAD AND DRUMMOND STREET ELEVATIONS. | | |
| Reference number: Date of decision (DD/MM/YYYY): | | |
| 2009/5042/P 12/03/2010 | | |
| What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline') FULL PLANNLNY PERMISSION | | |
| 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: | | |
| INSTALLING A LOWRNED SMOKE VENT (ABOVE EXISTING | | |
| LOADING BAY) ALONG DRUMMOND STREET | | |
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| Are you intending to substitute amended plans or drawings? Yes No | | |
| If Yes, please complete the following: | | |
| Old plan/drawing number(s): | | |
| -GA-(11)001 REV.05P | | |
| New plan/drawing number(s): | | |
| -GR-(11)-002 REV.02P | | |
| Please state why you wish to make this amendment: | | |
| THE SMORE VENT IS REQUIRED IN THE UNK | | |
| THE SMORE VENT IS REQUIRED IN THE LASTE OF A FIRE EMERGENCY AND WOULD EXTRACT FUMES OUT OF THE BUILDING. | | |
| FUMES OUT OF THE BULLOING. | | |

| 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 f | orm: | |
| The original and 3 copies of other plans and drawings or informa necessary to describe the subject of the application: | tion | |
| The correct fee: | <u> </u> | |
| information. Signed - Applicant: Or signed - Age | in this form and the accompanying plans/drawings and additional ent: Date (DD/MM/YYYY): 25/05/2010 | |
| 11. Applicant Contact Details | 12. Agent Contact Details | |
| Telephone numbers Country code: National number: Extension number Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): | Telephone numbers Extension | |
| 13. Site Visit Can the site be seen from a public road, public footpath, bridlew. | ay 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 | Other (if different from the | |
| If Other has been selected, please provide: Contact name: | Telephone number: | |
| | | |

Email address: