2007/P



Planning Services Camden Town Hall Argyle Street London WC1H 8EQ

Email (enquiries only): env.devcon@camden.gov.uk Telephone

: 020 7974 1911

: 020 7974 5713

For office use

Application for removal or variation of a condition following drant of planning permission.

Town and Country Planning Act 1990.

Planning (Listed Buildings and Conservation Areas) Act 1990

## Publication of planning applications on council websites

Fax

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council'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. Applic	ant Name and Address	2. Agent Name and Address			
Title:	Ms First name: RICKIE	Title: First name:			
Last name:	BURMAN	Last name:			
Company (optional):	JEWISH MUSEUM LONDON	Company (optional):			
Unit:	House number: 129-131 House suffix:	Unit: House number: House suffix:			
House name:	RAYMOND BURTON HOUSE	House name:			
Address 1:	ALBERT STREET	Address 1:			
Address 2:	CAMOEN TOWN	Address 2:			
Address 3:		Address 3:			
Town:	LONDON	Town:			
County:		County:			
Country:	UK	Country:			
Postcode:	NW1 7NB	Postcode:			

3. Site Address Details	4. Pre-application Advice					
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local					
Unit: House 129-131 House	authority about this application?					
House name: RAYMAND CORTON HOUSE	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this					
Address 1: ALGERT STREET	application more efficiently).  Please tick if the full contact details are not					
Address 2: CAMOEN TOWN	known, and then complete as much as possible:					
Address 3:	Officer name:					
Town: Lawson	Reference:					
County:	NA A					
Postcode (optional):	Date (DD/MM/YYYY):					
Description of location or a grid reference. (must be completed if postcode is not known):	(must be pre-application submission)  Details of pre-application advice received?					
Easting: Northing:	SOUGHT TO CLARIFY IF MUSEUM COULD					
Description:	AMENO OPENING HOURS VIA VARIATION					
	AMO IF WE COULD RUN THE LICENSE APPLICATIONS CONCURRENTLY.					
5. Description Of Your Proposal						
Please provide a description of the approved development as show and date of decision in the sections below:	wn on the decision letter, including the application reference number					
PLANDING PERMISSION WAS GIVEN FOR	HANGE OF USE FROM OFFICES (CLASS B1)					
	EXPANSION OF THE EXISTING MUSEUM AT					
ALGERT STREET INTO THE PARKWAY ST	WILDING. PREVIOUSLY A VARIATION HAD BEEN					
10.00-18.00 (PL/9003578 an 12 AP	NG HOURT, ALLEWING SUNDAY TO FRIDAY					
	(DD/MM/YYYY): 22 New 2001 (date must be pre-application submission)					
Please state the condition number(s) to which this application rela						
1. CONDITION 4	6.					
2.	7.					
3.	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					
Has the development been completed?	Yes No					
If Yes, please state when the development was completed (DD/M/	If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)					
6. Condition(s) - Removal						
Please state why you wish the condition(s) to be removed or change	ged:					
THE MUSEUM WISHES TO OPEN LATE CONT	TIL 21-00 JOHE BUENING A WEEK, AS WELL AS					
HOLD PRIVATE POVITATION ITICKET ONLY EVENTS ON OTHER DAYS. THE MUSEUM ALSO						
If you wish the existing condition to be changed, please state how you wish the condition to be varied:						
THE MUSEUM WOULD LIKE TO OPERATE WITHIN THE CAMBEN TOWN FRAMEWORK HOURS!						
MON - SAT 08.00 TO 23.30, SUN 08.00 TO 22.30. THE MUSEUM PLANS TO BE OPEN FOR MUCH MORE LIMITED HOURS (10.00 TO 17.00, WITH LATE OPENING ON THURSDAY TO 21.00), BUT THE ABOVE HOURS WOULD ENABLE THE MUSEUM TO OPEN FOR OCCASIONAL EVENTS (PRIVATE HIRES)						

## 7. Certificates One Certificate A, B, C, or D, must be completed with this application form **CERTIFICATE OF OWNERSHIP - CERTIFICATE A** Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7 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 (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of any part of the land or building to which the application relates. Signed - Applicant: Date DD/MM/YYYY: Or signed - Agent: DIRECTOR 03/04 JEWICH MUSEUM LONDON 2009 CERTIFICATE OF OWNERSHIP - CERTIFICATE B Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7 I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of any part of the land or building to which this application relates. Address **Date Notice Served** Name of Owner Date DD/MM/YYYY: Or signed - Agent: Signed - Applicant: **CERTIFICATE OF OWNERSHIP - CERTIFICATE C** Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7 I certify/ The applicant certifies that: Neither Certificate A or B can be issued for this application All reasonable steps have been taken to find out the names and addresses of the other owners (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run ) of the land or building, or of a part of it, but I have/ the applicant has been unable to do so. The steps taken were: **Date Notice Served** Name of Owner **Address** Notice of the application has been published in the following newspaper On the following date (which must not be earlier than 21 days before the date of the application): (circulating in the area where the land is situated): Or signed - Agent: Date DD/MM/YYYY: Signed - Applicant:

7. Certificates (continued)							
CERTIFICATE OF OWNERSHIP - CERTIFICATE D  Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7  I certify/ The applicant certifies that:  Certificate A cannot be issued for this application							
<ul> <li>All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.</li> <li>The steps taken were:</li> </ul>							
The steps taken were.							
Notice of the application has been publi	shed in the follow	ing newspape	r	On the follo	wing date (which	must not be earlier	
(circulating in the area where the land is	circulating in the area where the land is situated):				than 21 days before the date of the application):		
Signed - Applicant:		Or signed - Agent:		Date DD/MM/YY			
	AGRICIII TI	URAL HOLDIN	IGS CERTIFIC	-ATF			
<b>Town and Country Plan:</b> Agricultural Land Declaration - You Must (A) None of the land to which the app	<b>ning (General De</b> v Complete Either A	<b>velopment Pr</b> . or B	ocedure)Ord	ier 1995 Cer	tificate under Art	icle 7	
Signed - Applicant:		Or signed - A	gent:			Date DD/MM/YYYY:	
B) I have/ The applicant has given the before the date of this application, was a as listed below:	ne requisite notice a tenant of an agri	to every perso cultural holdin	on other than ng on all or pa	myself/ the a art of the land	applicant who, on I to which this app	the day 21 days lication relates,	
Name of Tenant			Address			Date Notice Served	
		- <u>-</u>					
				- <u></u>			
		0 1				D-+- DD/MM0000/	
Signed - Applicant:		Or signed - A	gent:			Date DD/MM/YYYY:	
8. Planning Application Require	ements - Check	dist					
Please read the following checklist to ma information required will result in your a	ike sure you have s pplication being d	ent all the info					
the Local Planning Authority has been su The original and 3 copies of a	ibmitted.						
completed and dated application form:		g	The original Article 7 Ce	and 3 copies	s of the completed cultural Holdings):	, dated	
					s of the completed , B, C, or D - as app		
The correct fee:		<u> </u>					
9. Declaration							
I/we hereby apply for planning permission information.	on/consent as desc	ribed in this fo	orm and the a	accompanyin	g plans/drawings	and additional	
Signed - Applicant:	Or signed	d - Agent:			Date (DD/MM/YY	YY):	
RABUMAN DIRECTOR	Lower				03/04/20	(date cannot be pre-application)	
						_ <del>_</del>	

Town and Country Plant I certify/ The applicant certifies that: Certificate A cannot be issued All reasonable steps have been date of this application, was the of any part of the land to whice the steps taken were:	CERTIFICATE OF OW Inning (General Developm for this application taken to find out the name to owner (owner is a person of the country owner is a person or the country of the country owner is a person or the country of the countr	ent Procedure) s and addresses with a freehold into	Order 1995 Certificate un of everyone else who, on the erest or leasehold interest w	he day 21 days before the ith at least 7 years left to run)	
Notice of the application has been put (circulating in the area where the land	olished in the following new is situated):	spaper	On the following date ( than 21 days before the	which must not be earlier e date of the application):	
Signed - Applicant:	Or sign	ed - Agent;		Date DD/MM/YYYY:	
(A) None of the land to which the app Signed - Applicant:  The Control of the applicant has given the	Or sign	ent Procedure)C ou Must Complet f, an agricultural ed - Agent: rson other than r	order 1995 Certificate und the Either A or B holding.	Date (DD/MM/YYYY):  20   05   2009  on the day 21 days	
before the date of this application, wa as listed below: Name of Tenant	s a tenant of an agricultural	Address	part of the land to which to	Date Notice Served	
Signed - Applicant:	Or sign	ed - Agent:		Date (DD/MM/YYYY):	
9. Planning Application Requiplesse read the following checklist to number information required will result in your the Local Planning Authority has been of the original and 3 copies of a completed and dated application form the original and 3 copies of other plans of the original and 3 copies of the plans of the sumber information necessary to describe the sumber information necessary the necessary to describe the sumber information necessary the	nake sure you have sent all t application being deemed i submitted. : : and drawings or	The original Ownership		all Information required by and access statement:	

10. Applicant Contact Details			11. Agent Contact Details				
Telephone numbers			Telephone numbers				
Country code: Country code:	National number:  837( 737 3  Mobile number (optional):	Extension number:	Country code: Country code:	National number		Extension number:	
Country code:	Fax number (optional):		Country code:	Fax number (opti	ional):	I	
020	8371 7374						
Email address (optional):			Email address (optional):				
RICKIE. BURMAN & JEWISHMUSEUM, ORG. UK							
12. Site Visit							
Can the site be seen from a public road, public footpath, bridleway or other public land?							
If the planning a out a site visit, w	uthority needs to make an appointment hom should they contact? ( <i>Please select</i>	Agent	Applicant	Other (if differ agent/applica			
If Other has been selected, please provide:							
Contact name:			Telephone number:				
Email address:							