

Email: planning@camden.gov.uk

Phone: 020 7974 4444 Fax: 020 7974 1680 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

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.

1. Applicant N	Name, A	ddress and	Contact Deta	ils				
Title: Mr	Fir	st name: Jos	eph		Surname: Pro	oops		
Company name	Leisure	Asset Manager	nent					
Street address:	81-84 C	halk Farm Roac	<u> </u>			Country Code	National Number	Extension Number
					Telephone number:			
					Mobile number:			
Town/City	Londor	1						
County:	Londor	1			Fax number:			
Country:					Email address:			
Postcode:	nw1 8a	r						
 Agent Nam No Agent details Site Addres Full postal addres 	were subm	nitted for this ap	pplication	available)	Description:			
House:	81		Suffix:					
House name:	Leisure	Assets Manage	ment Ltd					
Street address:	Chalk F	arm Road						
Town/City:	Londor	London						
County:								
Postcode:	NW1 8AR							
Description of loc (must be complet			vn) :					
Easting: 528274								
Northing: 184399								

4. Pre-app	lication Advice										
Has assistance	e or prior advice been sou	ght from the	e local authority abo	out this application?		Yes	○ No				
If Yes, please	complete the following in	formation al	oout the advice you	u were given (this will	help the autho	rity to deal with th	is application more efficiently):				
Officer name	:				_						
Title: Mr	First name:	Ben			Surname:	Vickers					
Reference:	EN14/0510										
Date (DD/MM	05/06/2014		(Must be pre-applic	cation submission)							
Details of the pre-application advice received:											
See Ben Vicke	ers										
5. Descript	ion of Proposal										
Please provid	le a description of the app	roved develo	opment as shown o	on the decision letter:							
Please provide a description of the approved development as shown on the decision letter: use as a health club and gymnasium (Class D2)											
Application re	eference number: 9	300955					Date of decision: 02/12/1993				
Please state t	ــ he condition number(s) to:	which this a	application relates:								
Condition nu			• •								
PE98006008R2											
Has the deve	lopment already started?	C	Yes No								
6. Condition	on(s) - Removal										
Please state v	why you wish the condition	n(s) to be rer	noved or changed.								
	ver letter - economic state										
If you wish th	e existing condition to be	changed, pl	ease state how you	wish the condition to	be varied:						
The use here activity	by permitted shall not be o	carried out o	therwise than betw	veen the hours of 06:3	80–10:30 Monda	ay-Friday and 08:00	0-10:00 Sat-Sun with no restrictions to class				
7. Site Visi	τ										
Can the site b	oe seen from a public road	, public foot	path, bridleway or o	other public land?		• Yes	No				
If the planning	ng authority needs to make	e an appoint	ment to carry out a	site visit, whom shou	ld they contact	? (Please select on	ly one)				
The age	nt • The applic	cant C	Other person								
9 Cortific	ates (Certificate B)										
o. Certifica	ates (Certificate b)										
	Town and Cour	ntry Plannin		ificate of Ownership Vlanagement Proced		Order 2010 Certi	ficate under Article 12				
							on the day 21 days before the date of this				
meaning give	vas tne owner (owner is a p n in section 65(8) of the Tow	person with a vn and Count	ry Planning Act 199	<i>leasenoid interest with</i> 0) of any part of the la	natieast / years and or building	to which this appli	gricultural tenant ("agricultural tenant" has the cation relates.				
Owner/Agricu	ultural Tenant						Date notice served				
Name	Leisure Asset Managemer	nt I td									
Number:		uffix:		House name:							
Street:	81-84 Chalk Farm Road	L		Tious name.							
Locality:		02/06/2014									
Town:	London										
	London										
Postcode:	: NW1 8AR										
Name	C/O Simon Stone - The Pa	tterson Brot									
Number:	8 Suffix: House name:										
Street:	8-10 Hallam Street										
Locality:							02/06/2014				
Town:	London										
Postcode:	W1W 6NS					_					
		-									

B. Certificates (Certificate B - continued)											
Title:	Mr First na		First name:	Joseph	Surname:	Proops					
Person role: Applica		nt	Declaration date:	Declaration date: 10/07/2014		\boxtimes					
9. Declaration											
				sion/consent as described in t at, to the best of my/our know							
opinio	ns given	are the g	enuine opinior	ns of the person(s) giving ther		-	\boxtimes	Date	10/07/2014		