

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	ame, Address and Contact Details				
Title: Mr	First name:	Surname:			
Company name	School of Oriental & African Studies (SOAS)				
Street address:	c/o Agent		Country Code	National Number	Extension Number
		Telephone number:			
		Mobile number:			
Town/City		Fax number:			
County:	United Kingdom	Email address:			
Postcode:	- India kingdon				
Are you an agent a	cting on behalf of the applicant? Yes	○ No			
2. Agent Name	e, Address and Contact Details				
Title: Mr	First Name: Luke	Surname: Emi	merton		
Company name:	DP9 Ltd				
Street address:	DP9 Ltd]	Country Code	National Number	Extension Number
	100 Pall Mall	Telephone number:		02070041700	
		Mobile number:			
Town/City	London	Fax number:			
County:	London				
Country:	United Kingdom	Email address:			
Postcode:	SW1Y 5NQ	luke.emmerton@dp9.co	o.uk		

3. Site Address	Details						
Full postal address of	of the site (includi	ng full postcode where	available)	Description:			
House:		Suffix:					
House name:	Senate House - N	lorth Block					
Street address:	Malet Street						
Town/City:	London						
County:							
Postcode:	WC1E 7HU						
Description of locati (must be completed							
Easting:	529987						
Northing:	181892						
							\equiv
4. Pre-applicati	on Advice						
Has assistance or pri	or advice been so	ought from the local au	uthority about this applicatio	n?	Yes	No	
If Yes, please comple	ete the following	information about the	advice you were given (this	will help the autho	ority to deal with this ap	oplication more efficiently):	
Officer name:							
Title:	First name:	Bethany		Surname:	Arbery		
Reference:							
Date (DD/MM/YYYY)	:	(Must be	e pre-application submission)			
Details of the pre-ap	olication advice r	received:					
Agreement on the d	<u>- </u>						
. Description o							ightharpoons
. Description o	ггорозаг						
Please provide a des	cription of the ap	proved development	as shown on the decision let	ter:			
			infill extension/atrium at bas Iterations to east and west e			and alterations to Torrington Square in roof.	
Application referenc	e number:	2013/4415/P				Date of decision: 30/06/2014	
Please state the con	dition number(s)	to which this application	on relates:				
Condition number(s):						
3							
Has the developmen	nt already started	? Yes	No				
(Condition(s)	Damayal						=
6. Condition(s)	- Kemovai						
Please state why you	u wish the conditi	on(s) to be removed or	r changed:				
To allow for amendr							
Replacement of app		e changed, please stat	te how you wish the condition	on to be varied:			
	Tovea arawings						=
7. Site Visit							
Can the site be seen	from a public roa	ad, public footpath, bri	dleway or other public land?	ı	• Yes No)	
If the planning auth	ority needs to ma	ke an appointment to	carry out a site visit, whom s	hould they contact	t? (Please select only o	ne)	
The agent	The app	licant Other I	person				
8. Certificates (Certificate B)						=
I certify/ The applica application, was the	Town and Connt certifies that I hower (owner is a	untry Planning (Deve nave/the applicant has a person with a freehold		cedure) (England) everyone else (as with at least 7 years) Order 2010 Certifica listed below) who, on t left to run) and/or agric	the day 21 days before the date of this cultural tenant <i>("agricultural tenant" ha</i>	

		- continued	1)					
Owner/Agricult	tural Tenant							Date notice served
Name P	Paul Wilkinson							
Number:		Suffix:		House name:				
Street: U	University of London							
Locality: S	Senate House, Malet Street						30/06/2014	
Town:	London							
Postcode: W	NC1E 7HU							
Title: Mr	First name:	I			Surname: e			
Person role:	Agent	Dec	laration date:	30/06/2014		\boxtimes	Declaratio	n made
9. Declarati	ion							
additional infor		that, to the bes	st of my/our kno	this form and the accomp wledge, any facts stated a m.			\boxtimes	Date 30/06/2014