$\label{prop:prop:section} \mbox{Application for removal or variation of a condition following grant of planning permission.}$

Town and Country Planning Act 1990.

Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

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.

. Applican	t Name and Address		2. Agent	Name an	d Address		
itle:	First name:		Title:	MISS	First name:	HARRIE	Г
ast name:	4		Last name:	LEE			
ompany optional):	3 4		Company (optional):	WALK	ER BUS	THE ARCHI	TECTS
Init:	House number:	House suffix:	Unit:		House number:	Hous suffix	
louse ame:			House name:	N/A			
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Please provi	Idress Details ide the full postal address of the application site.	4. Pre-application Advice Has assistance or prior advice been sought from the local
Unit:	House 4 House	authority about this application?
House name:	number: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	If Yes, please complete the following information about the advi- you were given. (This will help the authority to deal with this
Address 1:	ST. THOMAS GARDENS	application more efficiently).
Address 2:		Please tick if the full contact details are not known, and then complete as much as possible:
Address 3:	3 - 2 - 1	Officer name:
Town:	LANDON	NEIL QUINN
County:		Reference:
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optional): Description	NW5 4EX of location or a grid reference. mpleted if postcode is not known):	(must be pre-application advice received?
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7. Ownership Certificates and Agricultural Land Declaration

One Certificate A. B. C. or D. must be completed with this application form CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

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 of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding**

NOTE: You should sign Certificate B. C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding.

* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.
** "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act. Date (DD/MM/YYYY): Signed - Applicant: CERTIFICATE OF OWNERSHIP - CERTIFICATE B

Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 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* and/or agricultural tenant** of any part of the land or building to which this application relates. "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. ** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990

Name of Owner / Agricultural Tenant	Address	Date Notice Served
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	820 0 47 0 0 0 2 10 0 0 0 0 1	

		Date (DD/MM/YYYY)
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/TTT1)

Signed - Applica	int:			Date (DD/MM/YYYY):	
				11/59/2013 (date cannot b pre-application	
10. Applicar	nt Contact Details		11. Agent Co	ontact Details	
Telephone num	bers	7424 20 HOAR HILL	Telephone num		
Country code: National number:		Extension number:	Country code: National number: Extensi		
	Tadona Tanasan			0207 6970707	
Country code:	Mobile number (optional):		Country code:	Mobile number (optional):	
Country code:	Fax number (optional):		Country code:	Fax number (optional):	
Email address (optional):		Email address ((optional):	
			narriet	@walkerbushe.co.uk	
f the planning a out a site visit, v	t seen from a public road, public foo authority needs to make an appoin ahom should they contact? (Please n selected, please provide:	tment to carry	r other public land Agent Telephone num	Applicant Other (if different from the agent/applicant's details)	
Email address:			0000		