

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: JONATHAN		
Last name:		Last name: MARGINSON		
Company (optional):	WEST LONDON AND SUBURBAN PROPERTY INVESTMENTS LTD AND CENTRAL LONDON	Company (optional): DP9 LTD		
Unit:	House House suffix:	Unit: House House suffix:		
House name:		House name:		
Address 1:		Address 1:		
Address 2:		Address 2:		
Address 3:		Address 3:		
Town:		Town: LONDON		
County:		County:		
Country:		Country:		
Postcode:		Postcode: SW1Y 5NQ		

3. Site Address Details Please provide the full postal address of the application site. Unit: House number: House suffix: House name: Address 1: 73-75 CHARLOTTE STREET Address 2: 34-38 TOTTENHAM STREET Address 3: 4 TOTTENHAM MEWS Town: County:	4. Pre-application Advice Has assistance or prior advice been sough authority about this application? If Yes, please complete the following infor you were given. (This will help the authori application more efficiently). Please tick if the full contact details are no known, and then complete as much as positive. Officer name: Reference:	Yes X No mation about the advice ty to deal with this						
Postcode (optional): Description of location or a grid reference. (must be completed if postcode is not known): Easting: Description:	Date of advice (DD/MM/YYYY): Details of pre-application advice received	VARIOUS						
5. Eligibility Do you, or the person on whose behalf you are making this application, have an interest in the part of the land to which this amendment relates? If you have answered No to this question, you cannot apply to make a non-material amendment. If you are not the sole owner, has notification under article 9 of the DMPO been given? If you have answered No to this question, you cannot apply to make a non-material amendment. If you have answered No to this question, you cannot apply to make a non-material amendment. If you have answered Yes to this question, please give details of persons notified:								
Person Notified Person 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 (c) related to a member of staff (d) related to an elected member	Do any of these statements apply to you? Yes No							
If yes please provide details of the name, relationship and role								

7. Description Of Your Proposal			
Please provide a description of the approved developm	ent as shown on the decis	ion letter, including applicati	ion reference number and
date of decision in the sections below. Please also provi ERECTIONS OF A PART 3/4/5 & 6 STOREY BU COMPRISING OF 11 RESIDENTIAL UNITS (CLA	ILDING PLUS BASEMI	ENT LEVEL FOR A MIXE	ELOOPSDACE AT
PART BASEMENT AND GROUND FLOOR LEVE CHARLOTTE STREET & 34-38 TOTTENHAM ST	EL, FOLLWING DEMOL	LITION OF EXISTING BUI	ILDINGS AT 73-75
Reference number:		Date of decision (DD/MM/Y	YYY):
2012/2045/P		12/12/2012	
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline')	FULL	L	
For the purpose of calculating fees, which of the following	ig best describes the origin	nal application type?	
Householder development: development to an existing	g dwelling-house or devel	lopment within its curtilage	
Other: anything not covered by the above category			×
8. Non-Material Amendment(s) Sought			
Are you intending to substitute amended plans or drawing			
f Yes, please complete the following:	[x]	Yes No	
Old plan/drawing number(s):			
PLEASE SEE DRAWING SCHEDULE			7000
New plan/drawing number(s):			
PLEASE SEE DRAWING SCHEDULE			
Hease state why you wish to make this amendment:			
PLEASE SEE COVERING LETTER			
			Was a special control of the special control
			And a second
			Tomas Taransa

Q Analization D					
9. Application Requirements - Checklist Please read the following checklist to make sure you have sent all information required will result in your application not being according Planning Authority has been submitted.	I the information in support of your proposal. Failure to submit all epted. It will not be accepted until all information required by the				
The original and 3 copies of a completed and dated application fo	orm;				
The original and 3 copies of other plans and drawings or informat necessary to describe the subject of the application:	tion X				
The correct fee:	[x]				
10. Declaration I/we hereby apply for planning permission/consent as described in information. Signed - Applicant: Or signed - Ager					
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 Country code: National number: Extension number: 020 7004 1700 Country code: Mobile number (optional): Country code: Fax number (optional):				
and a percentage	Email address (optional):				
	jonatha.marginson@dp9.co.uk				
13. Site Visit Can the site be seen from a public road, public footpath, bridleway of the planning authority needs to make an appointment to carry but a site visit, whom should they contact? (Please select only one) of Other has been selected, please provide: Contact name:	or other public land?				
mail addrass					