

2014/5816

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**

Title:	<input type="text"/>	First name:	<input type="text"/>		
Last name:	<input type="text"/>				
Company (optional):	<input type="text" value="BALLYMORE"/>				
Unit:	<input type="text"/>	House number:	<input type="text"/>	House suffix:	<input type="text"/>
House name:	<input type="text"/>				
Address 1:	<input type="text" value="POINTE NORTH"/>				
Address 2:	<input type="text" value="3 GREENWICH VIEW PLACE"/>				
Address 3:	<input type="text"/>				
Town:	<input type="text"/>				
County:	<input type="text" value="LONDON"/>				
Country:	<input type="text"/>				
Postcode:	<input type="text" value="E14 9NN"/>				

**2. Agent Name and Address**

Title:	<input type="text" value="MR"/>	First name:	<input type="text" value="DARREN"/>		
Last name:	<input type="text" value="JOLLEY"/>				
Company (optional):	<input type="text" value="WCEC GROUP LTD"/>				
Unit:	<input type="text"/>	House number:	<input type="text"/>	House suffix:	<input type="text"/>
House name:	<input type="text"/>				
Address 1:	<input type="text" value="SOUTH BUILDING"/>				
Address 2:	<input type="text" value="STAPLE INN BUILDINGS"/>				
Address 3:	<input type="text"/>				
Town:	<input type="text" value="HIGH HOLBORN"/>				
County:	<input type="text" value="LONDON"/>				
Country:	<input type="text"/>				
Postcode:	<input type="text" value="WC1V 7PZ"/>				

Please provide the full postal address of the application site.

Unit:  House number:  House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

Description of location or a grid reference.  
(must be completed if postcode is not known):

Easting:  Northing:

Description:

Has assistance or prior advice been sought from the local authority about this application?  Yes  No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible:

Officer name:

Reference:

Date of advice (DD/MM/YYYY):

Details of pre-application advice received:

### 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?

Yes  No

**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?

Yes  No  Not Applicable

**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	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

Please provide a description of the approved development as shown on the decision letter, including application reference number and date of decision in the sections below. Please also provide the original application type:

THE REDEVELOPMENT OF 187-199 WEST END LANE, WEST HAMPSTEAD TO CREATE SEVEN NEW BUILDINGS TO PROVIDE 198 RESIDENTIAL UNITS (CLASS C3) AND ASSOCIATED OTHER USES.  
THE ORIGINAL APPLICATION WAS A FULL APPLICATION REF 2011/6129/P APPROVED 30 MARCH 2012.

Reference number:

2011/6129/PP

Date of decision (DD/MM/YYYY):

30 MARCH 2012

What was the original application type?  
(e.g. 'Full', 'Householder and Listed Building', 'Outline')

FULL

For the purpose of calculating fees, which of the following best describes the original application type?

**Householder development:** development to an existing dwelling-house or development within its curtilage

**Other:** anything not covered by the above category

### 8. Non-Material Amendment(s) Sought

Please describe the non-material amendment(s) you are seeking to make:

ALTERATIONS TO INTERNAL LAYOUT AT FIRST FLOOR LEVEL OF BLOCK E. (REVISIONS TO ELEVATIONS PREVIOUSLY APPROVED UNDER SECTION 73 APPLICATION REF 2013/6627/P DATED 30 JUNE 2014)

Are you intending to substitute amended plans or drawings?

Yes

No

If Yes, please complete the following:

Old plan/drawing number(s):

N/A

New plan/drawing number(s):

12-316-PL-38

Please state why you wish to make this amendment:

FOR CO-ORDINATION WITH APPROVED ELEVATIONS & GROUND FLOOR PLAN OF UNITS.

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application not being accepted. It will not be accepted until all information required by the Local Planning Authority has been submitted.

The original and 3 copies of a completed and dated application form:

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:

The correct fee:

### 10. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

*D. Jolley (WCEC GROUP LTD)*

*27/08/2014*

### 11. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

### 12. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:  
 *020 3388 0019*

Country code: Mobile number (optional):  
 *07456541132*

Country code: Fax number (optional):

Email address (optional):  
*darren.jolley@wcec.co.uk*

### 13. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?  Yes  No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)  Agent  Applicant  Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

*DARREN JOLLEY*

*07456541132*

Email address: *darren.jolley@wcec.co.uk*