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Phone: 020 7974 4444 Fax: 020 7974 1680 Development Management Camden Town Hall Extension Argyle Street London WC1H 8EQ

## 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.

1. Applicant N	ame, Address and Contact Details								
Title: Mr	First name: Paul	Surname: Gre	ey .						
Company name									
Street address:	Religious Society of Friends		Country Code	National Number	Extension Number				
	Friends House	Telephone number:							
	173-177 Euston Road	Mobile number:							
Town/City	London								
County:		Fax number:							
Country:	United Kingdom	Email address:							
Postcode:	NW1 2BJ								
	e, Address and Contact Details	○ No							
Title: Miss	First Name: Leanna	Surname: Boxill							
Company name:	John McAslan + Partners								
Street address:	7-9 William Road		Country Code	National Number	Extension Number				
		Telephone number:							
		Mobile number:							
Town/City	London	Fax number:							
County:	Greater London								
Country:	United Kingdom	Email address:							
Postcode:	NW1 3ER	I.boxill@mcaslan.co.uk							

3. Site Address		ng full postcode wher	o available)	Description:						
House:	173	Suffix:	e available)	Description.						
House name:		of Friends, Friends Ho	OUSA .	$\neg$						
Street address:	Euston Road	or Friends, Friends Fit	Juse	$\exists$						
Street address.	Euston Roud			_						
Town/City:	London									
County:				_						
Postcode:	NW1 2BJ									
Description of locat										
Easting: 529641										
Northing:	182473									
_										
4. 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										
	·		of the DMPO been given	?	○ Yes	○ No	Not applicable			
5. Description	of Your Prop	osal								
Description of Appro	oved Developmen	t:								
second floor to roof lat roof at second flo	level and associat oor level; addition	ed works including ne of lighting at ground	w access door; installation	n of an Air Handling Unit on (Euston Road); alterati	(AHU), Air S	ource Heat	ith metal staircase with balustrade from Pump (ASHP) and 2 x chiller units on the entrance to provide wheelchair access			
Reference number:	2012/2357/F	)								
Date of decision (DD/MM/YYYY):	Date of decision									
What was the origina	al application type	e?								
Full planning & listed	d building consen	t								
or the purpose of c	alculating fees, wl	nich of the following b	est describes the original	application type?						
○ Householder o	development: De	velopment to an exist	ing dwelling-house or de	velopment within its curt	ilage					
• Other: anythin	g not covered by	the above category								
6. Non-Materi	al Amendmei	nt(s) Sought								
		endment(s) you are so	eeking to make: vel for the installation of <i>i</i>	Air Handling Units						
			ng routes to access new p							
Are you intending t	o substitute amer	nded plans or drawing	s? • Yes	○ No						
If yes please comple	ete the following									
Old plan/drawing n	umbers:	1371-G200-P-RF-T1								
New plan/ drawing	numbers:	1371-G200-P-RF-rev	02							
Please state why yo	u wish to make th	is amendment:								
located in the herb	garden and on the	e adjacent roof greatly		s amendment maintains	a greater ar	rea of the ga	d scheme, the Air Handling units are arden and consolidates the services by ernal to the building.			
							_			

7. Pre-application	Advice								
Has assistance or prior a	dvice been sou	ight from the local authority a	about this application?		<ul><li>Yes</li></ul>	O No			
If Yes, please complete	the following in	nformation about the advice y	ou were given (this will h	nelp the author	rity to deal witl	n this applicat	ion more e	efficiently):	
Officer name:									
Title: Ms	First name:	Antonia		Surname:	Powell				
Reference:									
Date (DD/MM/YYYY):	05/11/2013	(Must be pre-app	olication submission)						
Details of the pre-applic	ation advice re	ceived:							
Meeting at John McAsla positive move.	n + Partners of	fice with Antonia Powell in No	ovember 2013. We were a	advised that th	e retention of	a greater port	ion of the	herb garden w	vould be a
8. Site Visit									
	•	I, public footpath, bridleway on an appointment to carry ou cant Other person	·	d they contact	<ul><li>Yes</li><li>(Please selection)</li></ul>	○ No t only one)			
9. Authority Empl	oyee/Memb	per							
	r of staff	ember	hese statements apply to	you?	◯ Yes	s <b>( N</b> o			
10. Declaration									
additional information. I	/we confirm th	ion/consent as described in t at, to the best of my/our know as of the person(s) giving ther	wledge, any facts stated a				Date	01/09/2014	