

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	Wahaca				
Street address:	c/o Firstplan		Country Code	National Number	Extension Number
		Telephone number:			
		Mobile number:			
Town/City County:		Fax number:			
Country:	United Kingdom	Email address:			
Postcode:					
Are you an agent a	cting on behalf of the applicant? Yes	No			
2. Agent Name	e, Address and Contact Details				
Title: Mrs	First Name: Kate	Surname: Mat	tthews		
Company name:	Firstplan				
Street address:	Golden Cross House]	Country Code	National Number	Extension Number
	8 Duncannon Street	Telephone number:		020 7031 8229	
		Mobile number:			
Town/City	London	Fax number:			
County:					
Country:	United Kingdom	Email address:			
Postcode:	WC2N 4JF	kmatthews@firstplan.co	o.uk		

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3. Site Address	Details			
Full postal address	of the site (including full postcode where a	vailable)	Description:	
House:	Suffix:			
House name:	Kentish Town Underground Station			
Street address:	Kentish Town Road			
Town/City:	London			
County:	Camden			
Postcode:	NW5 2AA			
Description of local	ion or a grid reference d if postcode is not known):			
Easting:	529027			
Northing:	185136			
Northing:	103130			
4. Pre-applicat	ion Advice			
• •	ior advice been sought from the local auth	nority about this applicatio	on? (• Yes	No
•	· ·			
	ete the following information about the ac	avice you were given (triis	will help the authority to deal with this ap	plication more emciently).
Officer name:				
Title: Mr	First name: Jonathan		Surname: McClue	
Reference:	N/A (email)			
Date (DD/MM/YYYY): 12/02/2015 (Must be p	ore-application submission)	
Details of the pre-a	oplication advice received:			
Email confirming th	at best course of action would be to deal v	vith changes by applicatio	n for minor material amendment.	
5. Description of	f Proposal			
·	scription of the approved development as		ter:	
	ound floor unit from A1 (retail) to A3 (resta	<u> </u>		Data of decision 10/03/2015
Application referen				Date of decision: 19/02/2015
Condition number(ndition number(s) to which this application	relates:		
3	<i>7</i>).			
Has the developme	nt already started? Yes (No If Yes, please s	tate when the development was started:	23/02/2015
Has the developme	nt been completed? Yes (No		
Thas the developme	nt been completed.	. 110		
6. Condition(s)	- Removal			
	u wish the condition(s) to be removed or c nal build are required.	hanged:		
	ing condition to be changed, please state	how you wish the conditic	on to be varied:	
			ns. Suggested wording as follows: The dev	
			ev B 03 C; 04 D1; 31, (03)01 Rev B; 03 B; 04 E ning, Design and Access Statement (14118	
7. Site Visit				
7. Site visit				
Can the site be seen	n from a public road, public footpath, bridl	eway or other public land?	Yes No	
If the planning auth	ority needs to make an appointment to ca	urry out a site visit, whom s	hould they contact? (Please select only or	ne)
The agent		erson		
8. Certificates	Certificate B)			
		Certificate of Owners	•	
Leartifu/ The applied		-	cedure) (England) Order 2010 Certificat	
application, was the	owner (owner is a person with a freehold in	nterest or leasehold interest v	o everyone else (as listed below) who, on the with at least 7 years left to run) and/or agricu ne land or building to which this applicatio	ultural tenant ("agricultural tenant" has the

Ref: 25: 6060

	<u> </u>	te B - continued)				1	
Owner/Agric	cultural Tenant						Date notice served
Name	London Overground Customer Services Team						
Number:	125	Suffix:	House name:				
Street:	Finchley Road						
Locality:							20/02/2015
Town:	London						
Postcode:	NW3 6HY						
Γitle: Mrs	First na	ame: Kate		Surname:	Matthews		
Person role:	Agent	Declaration da	te: 20/02/2015			Declaratio	on made
9. Declara	ation						
additional in	formation. I/we con	oermission/consent as describe firm that, to the best of my/ou opinions of the person(s) giving	r knowledge, any facts stated			\bowtie	D. I. 20/02/2015
	on are the genanie	opinions of the person(s) giving	g trioinii				Date 20/02/2015