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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	Raingate Ltd				
Street address:	c/o Agent		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: Mr	First Name: Shaun	Surname: Mad	cArthur		
Company name:	CBRE Ltd				
Street address:	St Martin's Court		Country Code	National Number	Extension Number
	10 Paternoster Row	Telephone number:	44	02071822651	
		Mobile number:			
Town/City	London	Fax number:			
County:					
Country:		Email address:			
Postcode:	EC4M 7HP	shaun.macarthur@cbre	.com		

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3. Site Address								
Full postal address of	of the site (including fu	Il postcode wher	e available)	1	Description:			
House:		Suffix:						
House name:	79 - 86 Chancery Lane	:						
Street address:	Chancery Lane							
Town/City:	London							
County:	Camden							
Postcode:	WC2A 1BQ							
	ion or a grid reference I if postcode is not kno							
Easting:	531101							
Northing:	181343							
_								
4. Pre-applicati	on Advice							
Has assistance or pr	ior advice been sough	t from the local a	uthority abo	ut this applicatio	n?	C Yes (No	
. Description o	f Proposal							
-	-							
•	scription of the approv	•						
roof at fifth floor lev	el, infill extension from	n first to fourth flo	or level, reco	onfigured reside	ntial floorspace (Class	C3) to provide five	ound floor level, replace new apartments (2 x the creation of a new p	1 bed and 3 x 2 bed)
Application reference	e number: 201	3/2159/P					Date of decision:	: 10/09/2013
Please state the con	dition number(s) to wl	nich this applicat	ion relates:				_	
Condition number(s):							
3								
Has the developmen	nt already started?	Yes	O No	If Yes, please s	tate when the develo	pment was started	j: [0	01/01/2014
Has the developme	nt been completed?	Yes	No					
6. Condition(s)	- Removal							
Please state why you	u wish the condition(s)	to be removed o	or changed:					
	letter attached for full							
	ing condition to be cha	<u> </u>	te how you	wish the condition	n to be varied:			
Please see covering	letter attached for full	details.						
7. Site Visit								•
Can the site be seen	from a public road, pu	ublic footpath, br	idleway or o	ther public land?		• Yes • N	No	
If the planning auth	ority needs to make ar	n appointment to	carry out a s	site visit, whom s	hould they contact?	(Please select only	one)	
The agent	The applicant	Other	person					
2 2 1151 1 /	0 1:5: 1 5)							$\overline{}$
8. Certificates (Certificate B)							
application, was the	nt certifies that I have/	the applicant has	elopment M s given the re d interest or le	lanagement Pro equisite notice to easehold interest	everyone else (as lis with at least 7 years le	ted below) who, or ft to run) and/or agi	cate under Article 14 in the day 21 days befor ricultural tenant ("agric ation relates.	

	ates (Certificate B	continued)							
Owner/Agric	cultural Tenant							Date n	otice served
Name	Glowstar Entertainment	Limited							
Number:		Suffix:	House name:						
Street:	84 Chancery Lane								
Locality:								07.	/05/2015
Town:	London								
Postcode:	WC2A 1DL								
Name	Roderick Charles Limite	d							
Number:		Suffix:	House name:						
Street:	5 Bakers Row								/OF /201E
Locality:	07/05/2015								705/2015
Town:	London								
Postcode:	EC1R 3DF								
Title: Mr	First name:	Shaun		Surname:	MacA	rthur			
Person role:	Agent	Declaration date:	07/05/2015		Declaration made				
additional in	apply for planning permi formation. I/we confirm t	ssion/consent as described in hat, to the best of my/our kno ons of the person(s) giving the	owledge, any facts stated	panying plans/ are true and ac	drawing	gs and and any	\boxtimes	Date	07/05/2015