

Email: planning@camden.gov.uk

Phone: 020 7974 4444 Fax: 020 7974 1680 Development Management Regeneration and Planning London Borough of Camden Judd Street London WC1H 8ND

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	lame, Address and Contact Details								
Title: Mr	First name: Ross	Surname: Mc	:Donald						
Company name	Alison Brooks Architects Ltd								
Street address:	Unit 610 Highgate Studios		Country Code	National Number	Extension Number				
	53-79 Highgate Road	Telephone number:							
		Mobile number:							
Town/City	London	Fax number:							
County:	London								
Country:	United Kingdom	Email address:							
Postcode:	NW5 1TL								
	e, Address and Contact Details	○ No							
Title: Mr	First Name: Ross	Surname: McDonald							
Company name:	Alison Brooks Architects								
Street address:	Unit 610 Highgate Studios		Country Code	National Number	Extension Number				
	53-79 Highgate Road	Telephone number:							
		Mobile number:							
Town/City	London	Fax number:							
County:	London								
Country:	United Kingdom	Email address:							
Postcode:	NW5 1TL	ross@alisonbrooksarch	nitects.com						

3. Site Address	Details							
Full postal address	of the site (inclu	ding full postcode where	available)	Description:				
House:	28	Suffix:						
House name:								
Street address:	Belsize Lane							
Town/City:	London							
County:	Camden							
Postcode:	NW3 5AB							
Description of loca (must be complete	tion or a grid ref d if postcode is i	erence not known):						
Easting:	52698	1						
Northing:	18526	3						
								=
4. Pre-applicat	ion Advice							
Has assistance or p	rior advice been	sought from the local aut	thority about this app	olication?			Yes     No	
If Yes, please comp	lete the followir	ng information about the a	advice you were give	n (this will help the au	thori	rity	y to deal with this application more efficiently):	
Officer name:								_
Title: Mr	First name	e: Charles		Surname	<del></del>	Tł	Thuaire	╛
Reference:	-							
Date (DD/MM/YYY)	'): 30/06/20	015 (Must be	pre-application subn	nission)				
Details of the pre-a	pplication advic	e received:						
properties.	Thuaire related	to the varying of planning					se windows to prevent overlooking of neighbouring t affect the overlooking concerns the proposals could be	
considered and thu				condition. II proposais	<u> </u>	1101	t affect the overlooking concerns the proposals could be	
5. Description	of Proposal							=
•	•							
		approved development a s to planning permission	s shown on the decis	sion letter:				٦
Address:	iai Amenument	s to planning permission						
28 Belsize Lane London								
NW3 5AB	iration of basen	pent level erection of side	around floor extensi	ion anclosure to rear f	irct f	flor	oor terrace, revision to internal layouts, and amendments to	
	adding, as an am						or the erection of a new 3-storey plus basement dwelling	
Application referen	ce number:	2014/4163/P					Date of decision: 01/08/2014	
Please state the co	ndition number(	s) to which this applicatio	n relates:					
Condition number(	(s):							$\neg$
	I fixed shut belo						d second floor study window on the west side wall shall be f the house; they shall be permanently retained and	
Has the developme	ent already starte	ed? Yes	No If Yes, pl	lease state when the d	evel	elop	pment was started: 05/06/2015	_
Has the developme	ent been comple	eted? Yes	<ul><li>No</li></ul>					
6. Condition(s)	- Removal							_
Diago stato why vo	wwich the cone	lition(s) to be removed or	changod					
We request the cor	dition is altered	lition(s) to be removed or to allow the windows to led, thus avoid any overloo	be open-able on a tilt	t only or tilt and turn sy	yster	em v	with a restrictor where indicated to suitably restrict the angle	
		be changed, please state		ondition to be varied:				_
We wish the condition to be changed as the first floor windows (4no.) in question are bathroom windows and one study room window. The rooms require ventilation and therefore we request that 2no. windows, tilt only obscured glazed units be considered for approval. Where additional free area is preferred, we request that a further 2no. windows are considered for tilt and turn obscured glazed units with restrictors to prevent the window from opening fully.  In relation to the second floor window to the bedroom, we request that a tilt only obscured glazed unit be considered for approval.  Please refer to the attached cover letter and drawings for specific window proposals.								
Liease refer to tile a	ittaciicu cuvel l	stroi and drawings for spe	cine wiriaow brobos	uis.				- 1

Ref: 25: 6099 Planning Portal Reference:

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7. Site Vi	sit										
Can the site	e be seen from	a public road	l, public footpath, bridleway or other	public land?		<ul><li>Yes</li></ul>	O No	0			
If the plann	ning authority i	needs to mak	e an appointment to carry out a site	visit, whom should	they contact	t? (Please selec	ct only o	one)			
• The ag	gent (	The appli	cant Other person								_
8. Certifi	icates (Cert	ificate A)									_
	Ta	own and Cou		e of Ownership			Cortifia	ata undar Artial	lo 1 <i>1</i>		
Lcertify/The			ntry Planning (Development Mana the day 21 days before the date of th	-	_					a nerson with a	
			h at least 7 years left to run) of any par								l
relates is, o	r is part of, an a	agricultural h	olding ("agricultural holding" has the i	meaning given by re	eference to the	e definition of "a	agricult	ural tenant" in sed	ction 6	55(8) of the Act).	
Title: Mr		First name:	Ross		Surname:	McDonald					7
Person role			Declaration date: 14/08/2015			Declaration made					_
reisonitole	n role: Agent		Deciaration date.	14/06/2013				Decide attorr made			ر
9. Declar	ration										
7. Doolai	ation										
,	, , , , ,	0 1	sion/consent as described in this form		5 0 1	0					
			at, to the best of my/our knowledge, ns of the person(s) giving them.	any facts stated ar	e true and ac	ccurate and an	у	Dota Data	14	1/00/2015	$\neg$
- p 31.10 g.		55							14	1/08/2015	

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