

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 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.

Title:	First name:	Surname:			
Company name	King's Cross Central General Partner 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:					
2. Agent Nam	e, Address and Contact Details First Name: Daniel	Surname: Di-	Lieto		
		Surname. Di-	Lieto		
Company name: Street address:	Nathaniel Lichfield & Partners 14 Regent's Wharf		Country Code	National Number	Extension Number
	All Saints Street	Telephone number:		02078374477	
		Mobile number:			
Town/City	Islington	Fax number:			
		T ux mumber:	l ax number.		
County:	London				
County:	London	Email address:			

3. Site Address	Details							
Full postal address of	of the site (includi	ng full postcode where available)	Description:					
House:		Suffix:						
House name:	Temporary Mark	eting Suite						
Street address:	Goods Way							
Town/City:	London							
County:								
Postcode:	N1C 4UR							
Description of locat (must be completed								
Easting:	530305	t knowny.						
· ·	183477							
Northing:	103477							
4. Eligibility								
		f you are making this rt of the land to which this amendment rela	tes?	• Yes No				
		fication under article 10 of the Town and Co re) (England) Order 2015 been given?	untry Planning	○ Yes ○ No	Not applicable			
5. Description	of Your Prop	osal						
Description of Appro	oved Developmen	t:						
Erection of a building association with the		emporary marketing suite (Class A2) with as ts development.	ssociated landscaping a	and improvements to the peo	destrian footway, to be used in			
Reference number:	2014/7724/F)						
*Date of decision (DD/MM/YYYY):	26/01/	2015						
What was the origina	al application type	2?						
Full planning permis	sion							
For the purpose of ca	alculating fees, wl	nich of the following best describes the orig	inal application type?					
○ Householder of	development : De	velopment to an existing dwelling-house or	development within i	ts curtilage				
Other: anything not covered by the above category								
6. Non-Material Amendment(s) Sought								
*Please describe the	e non-material am	endment(s) you are seeking to make:						
1. Reduction in the size of the rain screen cladding panels by 70mm resulting in an altered layout of the panels on the southern and eastern facades; 2. Reduction in the height of the fence on the southern elevation by 1000mm; 3. Existing low level wall extended up to form an acoustic barrier on the eastern façade and clad in the same rain screen panels as the eastern façade (as outlined in 1 above) 4. Replacement of the three glazing panels on the north west elevation at ground floor level with two full height windows of the same specification as consented further along the façade;								
Are you intending to	o substitute amer	nded plans or drawings?	Yes No					
If yes please complete the following								
Old plan/drawing nu	umbers:	N/A						
New plan/ drawing I	numbers:	KX_WEA_1090_A_F1_4000 Rev G KX_WEA_1090_A_F1_4001 Rev A KX_WEA_1090_A_F1_4002 Rev B KX_WEA_1090_A_F1_4305 Rev A						
Please state why you								
On-going detailed o	design work and t	he operational requirements of the intended	d unit occupiers.					
7. Pre-applicati	ion Advice							
		ought from the local authority about this ap	plication?	Yes • N	lo			

Can the site be seen from a public road, public footpath, bridleway or other public land? Yes No							
the planning authority needs to make an app	ointment to carry out a site visit, whom should they co	ntact? (Please select onl	y one)				
The agent The applicant	Other person						
. Authority Employee/Member							
Vith 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				
0. Declaration							
	sent as described in this form and the accompanying ple best of my/our knowledge, any facts stated are true ar person(s) giving them.		\boxtimes	Date	15/09/2015		