

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: Richard	Surname: Mo	ortimer				
Company name	PegasusLife						
Street address:	Royal Court		Country Code	National Number	Extension Number		
	Church Green	Telephone number:					
	Kings Worthy	Mobile number:					
Town/City	Winchester						
County:	Hampshire	Fax number:					
Country:	United Kingdom	Email address:					
Postcode:	SO23 7TW						
	e, Address and Contact Details	○ No					
Title: Ms	First Name: Jennifer	Surname: Ro	SS				
Company name:	Tibbalds Planning and Urban Design						
Street address:	19 Maltings Place		Country Code	National Number	Extension Number		
	169 Tower Bridge Road	Telephone number:		0207 089 2121			
		Mobile number:					
Town/City	London	Fax number:					
County:		i ax iiuiiibei.					
Country:	United Kingdom	Email address:	Email address:				
Postcode:	SE1 3JB jennifer.ross@tibbalds.co.uk						

3. Site Address	s Details							
Full postal address	of the site	(including ful	I postcode wher	re available)	Description:			
House:	79		Suffix:					
House name:	Arthur We	est House						
Street address:	Fitzjohn's	Avenue						
Town/City:	London							
County:	Camden							
Postcode:	NW3 6PA							
Description of loca (must be complete			vn):					
Easting:	5.	26431						
Northing:	1	85513						
4. Pre-applicat	tion Advi	ce						
Has assistance or p	rior advice	been sought	from the local a	uthority about this applica	ation? • Yes •	No		
If Yes, please comp	lete the fol	lowing inforr	nation about the	e advice you were given (t	his will help the authority to deal with this a	pplication more efficiently):		
Officer name:								
Title: Mr	First	name: Ga	vin		Surname: Sexton			
Reference:								
Date (DD/MM/YYY)	Y):		(Must b	e pre-application submiss	ion)			
Details of the pre-a	pplication	advice receiv	ed:					
see covering letter								
. Description of	of Propo	sal						
•	•							
				as shown on the decision				
Demolition of hostel and erection of 3-6 storey building plus roof plant enclosure and excavation of 2 storey basement to provide 33 self contained wheelchair accessible flats for the care and well being of older people (13 x 2 bed & 20 x 3 bed) including ancillary extra care and treatment rooms, restaurant, health and well being facility, gym,								
				storage and staff facilities	with basement car park, communal garden			
Application referen			/7851/P			Date of decision: 28/08/2015		
Please state the condition number(s) to which this application relates:								
Condition number((5).							
Has the developme	ent already	started?		No				
6. Condition(s)	- Remov	<i>r</i> al						
Please state why yo	ou wish the	condition(s)	to be removed o	or changed:				
see covering letter								
If you wish the exis		ion to be cha	nged, please sta	te how you wish the cond	lition to be varied:			
7. Site Visit								
Can the site be see	n from a pu	ıblic road, pu	blic footpath, br	idleway or other public la	nd?	0		
		-	·	-	m should they contact? (Please select only c	one)		
The agent	_	he applicant	_	person	,			

freehold interes	oplicant certifies that on t st or leasehold interest with	Certificate Intry Planning (Development Manag The day 21 days before the date of this That least 7 years left to run) of any part The diding ("agricultural holding" has the months."	application noboo	e) (England dy except m ch the appli	d) Order 2015 Certific hyself/the applicant w ication relates, and tha	as the ow at none of	ner <i>(own</i> f the land	er is a person with a I to which the application
itle: Ms First name:		Jennifer		Surname:	Ross			
Person role:	rson role: Applicant Declaration date: 19/10/20		19/10/2015		\boxtimes	Declarat	ion made)
9. Declaration I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them. Date 19/10/2015								

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