

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 Name, Address and Contact Details      |                    |               |                |          |        |  |  |
|-----------------------------------------------------|--------------------|---------------|----------------|----------|--------|--|--|
| Title: Mr                                           | First Name:        | Mark          |                | Surname: | Auvray |  |  |
| Company name:                                       | Nash Baker Archite | ects          |                |          |        |  |  |
| Street address:                                     | 167-169 Kensingto  | n High Street |                |          |        |  |  |
|                                                     |                    |               | Telephone numb | ber:     |        |  |  |
|                                                     |                    |               | Mobile number: |          |        |  |  |
| Town/City:                                          | London             |               | Fax number:    |          |        |  |  |
| Country:                                            |                    |               | Email address: |          |        |  |  |
| Postcode:                                           | W8 6SH             |               |                |          |        |  |  |
| Are you an agent acting on behalf of the applicant? |                    | 🖲 Yes 🔾 N     | 10             |          |        |  |  |

| , Address and C    | Contact Details                                                                    |                                                                            |                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                                                |
|--------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name:        | Simon                                                                              |                                                                            | Surname                                                                                                                                                                                                                                  | Baker                                                                                                                                                                                                    |                                                                                                                                                |
| Nash Baker Archite | ects                                                                               | ]                                                                          |                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                                                |
| 167-169 Kensingto  | n High Street                                                                      | ]                                                                          |                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                                                |
|                    |                                                                                    | Telephone numb                                                             | oer: 020                                                                                                                                                                                                                                 | 72291558                                                                                                                                                                                                 |                                                                                                                                                |
|                    |                                                                                    | Mobile number:                                                             |                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                                                |
| London             |                                                                                    | Fax number:                                                                |                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                                                |
| United Kingdom     |                                                                                    | Email address:                                                             |                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                                                |
| W8 6SH             | mail@nashbaker.co.uk                                                               |                                                                            |                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                                                |
|                    | First Name:<br>Nash Baker Archite<br>167-169 Kensingto<br>London<br>United Kingdom | Nash Baker Architects 167-169 Kensington High Street London United Kingdom | First Name:       Simon         Nash Baker Architects       167-169 Kensington High Street         167-169 Kensington High Street       Telephone number         London       Mobile number:         United Kingdom       Email address: | First Name: Surname:   Nash Baker Architects 167-169 Kensington High Street   167-169 Kensington High Street Telephone number:   020 Mobile number:   London Fax number:   United Kingdom Email address: | First Name: Simon   Nash Baker Architects   167-169 Kensington High Street   167-169 Kensington High Street   Condon   London   United Kingdom |

| House:          | ss of the site (including full postcode where ava             | ble) Descriptior |      |
|-----------------|---------------------------------------------------------------|------------------|------|
| House name:     |                                                               |                  |      |
| Street address: | Ainger Road                                                   |                  |      |
|                 |                                                               |                  |      |
| Town/City:      | LONDON                                                        |                  |      |
| Postcode:       | NW3 3AS                                                       |                  |      |
|                 | cation or a grid reference<br>eted if postcode is not known): |                  |      |
| Easting:        | 527788                                                        |                  | <br> |
| Northing:       | 184061                                                        |                  |      |

| Has assistance or prior advice been sought from the local authority about this application?                                                                      |                    |                                                       |                 |                                                |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------|-----------------|------------------------------------------------|--|--|--|--|
| If Yes, please complete the following information about the advice you were given (this will help the authority to deal with this application more efficiently): |                    |                                                       |                 |                                                |  |  |  |  |
| Officer name:                                                                                                                                                    |                    |                                                       |                 |                                                |  |  |  |  |
| Title:                                                                                                                                                           | First name:        | Kate                                                  | Surname:        | Phillips                                       |  |  |  |  |
| Reference:                                                                                                                                                       |                    |                                                       |                 |                                                |  |  |  |  |
| Date (DD/MM/YYYY):                                                                                                                                               | 15/06/2016         | (Must be pre-application submission)                  |                 |                                                |  |  |  |  |
| Details of the pre-application advice received:                                                                                                                  |                    |                                                       |                 |                                                |  |  |  |  |
| The case officer for thi removed.                                                                                                                                | s project has requ | ested that an application for the removal of these co | onditions be su | Ibmitted in order for conditions 4,5 & 6 to be |  |  |  |  |

## 5. Description of the Proposal

| Please provide a description of the approved development as shown on the decision letter:<br>Part single storey and part two storey rear extension; enlargement of rear dormer; conversion of 1x 1-bed self-contained flat and 1x 2-bed self-contained |                                                                        |    |                                    |                       |            |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|------------------------------------|-----------------------|------------|--|--|--|
| flat into 1x 3-bed self-contained flat.                                                                                                                                                                                                                |                                                                        |    |                                    |                       |            |  |  |  |
| Application reference number:                                                                                                                                                                                                                          | Application reference number: 2016/1882/P Date of decision: 10/06/2016 |    |                                    |                       |            |  |  |  |
| Please state the condition number(s) to which this application relates:<br>Condition number(s):                                                                                                                                                        |                                                                        |    |                                    |                       |            |  |  |  |
| 4, 5, 6,                                                                                                                                                                                                                                               |                                                                        |    |                                    |                       |            |  |  |  |
| Has the development already started?                                                                                                                                                                                                                   | Yes                                                                    | No | If Yes, please state when the deve | elopment was started: | 10/06/2016 |  |  |  |
| Has the development been completed?                                                                                                                                                                                                                    | Yes                                                                    | No |                                    |                       |            |  |  |  |

| 6. Condition(s) - Removal                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Please state why you wish the condition(s) to be removed or changed:                                                                                                                                                                                                                                             |
| The conditions applied to the planning approval pertain to new build planning applications rather than a refurbishment. Please refer to email from case officer Kate Phillips dated 15/06/2016 which confirms that a removal of these conditions would be supported as they are not applicable in this instance. |
| If you wish the existing condition to be changed, please state how you wish the condition to be varied:                                                                                                                                                                                                          |
| N/A                                                                                                                                                                                                                                                                                                              |

| 7. Site Visit                                                                             |                                                                                                                                      |                         |                                                                                                           |                    |                     |                                                                                                                          |  |  |  |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------|--------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                                                                                           | (                                                                                                                                    | L Liste et e et e       | 1.1.0                                                                                                     | _                  | 0 V 0               |                                                                                                                          |  |  |  |
| Can the site be seen from a public road, public footpath, bridleway or other public land? |                                                                                                                                      |                         |                                                                                                           |                    |                     |                                                                                                                          |  |  |  |
| If the planning auth                                                                      | If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) |                         |                                                                                                           |                    |                     |                                                                                                                          |  |  |  |
| The agent                                                                                 | The agent O The applicant O Other person                                                                                             |                         |                                                                                                           |                    |                     |                                                                                                                          |  |  |  |
| 8. Certificates (                                                                         | Certificate A)                                                                                                                       |                         |                                                                                                           |                    |                     |                                                                                                                          |  |  |  |
|                                                                                           | ,                                                                                                                                    |                         |                                                                                                           |                    |                     |                                                                                                                          |  |  |  |
|                                                                                           |                                                                                                                                      |                         | Certificate of Ownership - Ce                                                                             |                    |                     |                                                                                                                          |  |  |  |
|                                                                                           | Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14                       |                         |                                                                                                           |                    |                     |                                                                                                                          |  |  |  |
| freehold interest or le                                                                   | easehold interest wit                                                                                                                | h at least 7 years left |                                                                                                           | ch the application | n relates, and that | owner (owner is a person with a<br>none of the land to which the application<br>al tenant" in section 65(8) of the Act). |  |  |  |
| Title: Mr                                                                                 | First name:                                                                                                                          | Mark                    |                                                                                                           | Surname:           | Auvray              |                                                                                                                          |  |  |  |
| Person role:                                                                              | AGEN                                                                                                                                 | Γ                       | Declaration date:                                                                                         | 04/0               | 7/2016              | Declaration made                                                                                                         |  |  |  |
|                                                                                           |                                                                                                                                      |                         |                                                                                                           |                    |                     |                                                                                                                          |  |  |  |
| 9. Declaration                                                                            |                                                                                                                                      |                         |                                                                                                           |                    |                     |                                                                                                                          |  |  |  |
|                                                                                           |                                                                                                                                      |                         |                                                                                                           |                    |                     |                                                                                                                          |  |  |  |
| drawings and addit                                                                        | tional information.                                                                                                                  | I/we confirm that, t    | described in this form and the ac<br>to the best of my/our knowledge<br>ine opinions of the person(s) giv | , any facts state  |                     | Date 04/07/2016                                                                                                          |  |  |  |
|                                                                                           |                                                                                                                                      | <i>,</i>                | 1 1 1 1                                                                                                   | 0                  |                     |                                                                                                                          |  |  |  |