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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.

1. Applicant Name, Address and Contact Details						
Title: Miss & Mr	First Name:	Andriana and Matthew		Surname:	Naidoo and Finn	
Company name:						
Street address:	Flat A , 17, Nassing	gton Road				
			Telephone numb	er:		
			Mobile number:			
Town/City:	LONDON		Fax number:			
Country:			Email address:			
Postcode:	NW3 2TX					
Are you an agent acting on behalf of the applicant?			🖲 Yes 🔾 N	lo		

2. Agent Name, Address and Contact Details						
Title: Mr	First Name:	Chris		Surname:	Fleming	
Company name:	Wilkinson King Arc	hitects				
Street address:	Unit H					
	Spectrum House		Telephone numb	oer: 02072	2841975	
	32-34 Gordon Hous	se Road	Mobile number:			
Town/City:	London		Fax number:			
Country:			Email address:			
Postcode:	NW5 1LP		chris@wilkinsonking.com			

3. Site Address Details

Full postal addre	ess of the site (including full postcode where available)	Description:
House:	17 Suffix:	
House name:	Flat A	
Street address:	Nassington Road	
Town/City:	LONDON	
Postcode:	NW3 2TX	
	ocation or a grid reference eted if postcode is not known):	
Easting:	527517	
Northing:	185773	

4. Eligibility

Do you, or the person on whose behalf you are making this application, have an interest in the part of the land to which this amendment relates?				Yes	\bigcirc	No		
If you are not the sole owner, has notification under article 10 of the Town and Country Planning (Development Management Procedure) (England) Order 2015 been given?				Yes	\bigcirc	No 💿 Not Applicable		
Person notified	Address							Date of notification (DD/MM/YYYY)
	Number:	Suffix		House name:				
	Street:							
	Town:							
	Postcode:							
Person notified	Number:	Suffix		House name:				

5. Description of Your Proposal Description of Approved Development: Construction of a single storey rear extension with terrace (including screening) above and installation of windows to side of property at lower ground floor level. 2016/1295/P Reference number: *Date of decision 03/05/2016 (DD/MM/YYYY): What was the original application type? Full planning permission For the purpose of calculating fees, which of the following best describes the original application type? Householder development: Development to an existing dwelling-house or development within its curtilage ۲ \bigcirc Other: anything not covered by the above category

6. Non-Material Amendment(s) Sought

*Please describe the non-material amendment(s) you are seeking to make:

6. Non-Material Amendment(s)	Sought					
Relocation of 2no. windows and propo	osed 1no. window from original succesful planning application					
Are you intending to substitute amende	ed plans or drawings?					
Old plan/drawing numbers:	WK-2460-150					
New plan/drawing numbers:	WK-2460-SK04 WK-2460-SK05					
Please state why you wish to make this	s amendment:					
	nd WD5) have been adjusted to suit revised internal layouts. An additional window (W05) has been proposed to eventilation, without overlooking of neighbouring property.					
7. Pre-application Advice						
Has assistance or prior advice been so	ought from the local authority about this application?					
If Yes, please complete the following in	nformation about the advice you were given (this will help the authority to deal with this application more efficiently):					
Officer name:						
Title: Mrs First name:	Kristina Surname: Smith					
Reference: n/a						
Date (DD/MM/YYYY): 15/08/2016	(Must be pre-application submission)					
Details of the pre-application advice re						
email to confirm non material amendm						
8. Site Visit						
Can the site be seen from a public road	d, public footpath, bridleway or other public land?					
If the planning authority needs to make	e an appointment to carry out a site visit, whom should they contact? (Please select only one)					
The agent	Other person					
9. Authority Employee/Membe	r					
With respect to the Authority, I am:						
(a) a member of staff						
(b) an elected member Do any of these statements apply to you? Q Yes I No (c) related to a member of staff						
(d) related to an elected member						
10. Declaration						
	sion/consent as described in this form and the accompanying plans/					
	we confirm that, to the best of my/our knowledge, any facts stated are /en are the genuine opinions of the person(s) giving them.					