

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 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 N	ame, Address and Co	ontact Details			
Title: Ms	First Name: Mario	ion		Surname:	deCarte
Company name:	Guilford Limited				
Street address:	PO Box 472				
	St Julian's Court		Telephone numb	er:	
	St Julian's Avenue		Mobile number:		
Town/City:	St Peter Port		Fax number:		
Country:	United Kingdom		Email address:		
Postcode:	GY1 6AX				
	acting on behalf of the app		Yes N	0	
Title: Mr	First Name: Luka	яsz		Surname:	Gruszczynski
Company name:	Modulor Studio				
Street address:	5a Iliffe Yard				
			Telephone numb	er: 0207	7030124
			Mobile number:		
Town/City:	London		Fax number:		
Country:			Email address:		
Postcode:	SE17 3QA		info@modulor-st	tudio.co.uk	

3. Site Addre	ss Details								
Full postal addre	ess of the site (i	ncluding full po	ostcode wł	nere available	∍)	Description:			
House:	66	Suffix							
House name:									
Street address:	Guilford Stree	Guilford Street							
Town/City:	LONDON								
Postcode:	WC1N 1DF								
Description of lo):						
Easting:	530326								
Northing:	182115								
4. Eligibility									
Do you, or the p which this amen If you are not the Management Pr	ndment relates? e sole owner, ha	as notification	under artic	cle 10 of the T				٠	No Not Applicable
Person notified		Address							Date of notification (DD/MM/YYYY)
		Number:		Suffix:		House name:			
		Street:							
		Town:							
		Postcode:]				
					J				
5. Descriptio	n of Your Pr	oposal							
Description of A	pproved Develo	pment:							
									f the approved 2- s to rear lower ground.
Reference numb	ber: 2015/6	6516/P							
*Date of decisio (DD/MM/YYYY)	: 05/07/								
What was the or		on type?							
For the purpose		ees, which of t	he followir	ng best descri	ibes the	original applica	ation type?		
	_			-		se or developme		ırtilage	
Other: any	thing not cover	ed by the abov	e categor	у					
6. Non-Mater	ial Amendm	ent(s) Souc	ıht .						
		. ,							
*Please describe	e the non-mater	rial amendmen	ıt(s) you ar	e seeking to	make:				

6. Non-Material Amendment(s) Sought							
Seeking minor design changes to re	ar dormer and front mansard windows.							
Are you intending to substitute amer	ded plans or drawings? Yes No							
Old plan/drawing numbers:	518A-EL-310 P01 518A-PL-114 P01(drawing not listed on decision notice. Charles Rose is aware of this issue)							
New plan/drawing numbers:	16009 PL171.1 16009 PL114.1							
Please state why you wish to make t								
Design development and improvem	ents to the approved scheme							
7. Pre-application Advice								
Has assistance or prior advice been	sought from the local authority about this application?							
	information about the advice you were given (this will help the authority to deal with this application more efficiently):							
	information about the advice you were given (this will help the authority to dear with this application more emolently).							
Officer name: Title: Mr First name:	Charles Surname: Rose							
	Charles Surname. Rose							
Reference:								
Date (DD/MM/YYYY): 03/08/2016	(Must be pre-application submission)							
Details of the pre-application advice	received: with Mr Rose and it was agreed that the these would be acceptable and not considered material but will require							
formalisation.	with Mir Rose and it was agreed that the these would be acceptable and not considered material but will require							
8. Site Visit								
o. Oile visit								
Can the site be seen from a public ro	pad, public footpath, bridleway or other public land?							
If the planning authority needs to ma	ke an appointment to carry out a site visit, whom should they contact? (Please select only one)							
The agentThe applica								
o agont	= G F3.33.							
9. Authority Employee/Memb	er							
With respect to the Authority, I am:								
(a) a member of staff	Do any of those statements apply to you?							
(b) an elected member(c) related to a member of								
(d) related to an elected me	mber							
10. Declaration								
I/we hereby apply for planning permi	ssion/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 Date 05/09/2016							
true and accurate and any opinions	given are the genuine opinions of the person(s) giving them.							