

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 N	ame, Address a	nd Contact Deta	ails		
Title:	First Name:			Surname:	Consolidated Developments Ltd
Company name:					
Street address:	c/o Agent				
			Telephone nu	mber:	
			Mobile numbe	er:	
Town/City:			Fax number:		
Country:			Email address	 S:	
Postcode:					
	acting on behalf of the		Yes	No	
Title: Ms	First Name:	Anna		Surname:	Snow
Company name:	Iceni Projects				
Street address:	Flitcroft House				
	114-116 Charing C	ross Road	Telephone nu	mber: 0797	2563579
			Mobile number	er:	
Town/City:	London		Fax number:		
Country:			Email address	3:	
Postcode:	WC2H 0JR		asnow@icen	iprojects.com	

3. Site Addre	ss De	tails																			
Full postal addre	ess of t	he site (includin	ng full	postco	de w	here a	vailab	ole)	De	scription	on:										
House:			Suff	fix:																	
House name:								1													
Street address:	St Gi	les Circus						Ī													
								Ī													
								i													
Town/City:	LONI	OON																			
Postcode:	WC1	A 1DD						_													
								_													
Description of lo (must be comple				vn):																	
Easting:	5298	 26		<u>, </u>				7													
Northing:	1813	 60						Ī													
4. Pre-applica	ation	Advice																			
• •																					
Has assistance	or prior	advice been so	ought	from th	ne loc	cal auth	nority	about	this a	pplicati	on?			•	Yes	O	No				
If Yes, please co	omplete	the following in	nform	ation a	bout	the ad	vice y	ou we	ere giv	en (this	will h	elp th	e autho	rity to	deal w	ith thi	is applic	cation m	nore eff	icient	tly):
Officer name:																					
Title: Mr		First name:	J	onatha	n							Su	ırname:	Mc	Clue						
Reference:																					
Date (DD/MM/Y)	YYY):	15/09/2016	$\overline{}$	(Must b	e pre	e-applio	cation	subm	nission)			ı								
Details of the pre	e-appli	cation advice re	 eceive	ed:																	
The proposed v	ariatior	ns were accepta	able i	n princi	ple																
5. Description	n of th	ne Proposal																			
Please provide a		<u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u>										w bui	lding on	Donn	ork Di	200)	followir	ng tho d	lomoliti	on of	1_6
17-21 Denmark	k Place	and York and	Clifto	n Mans	ions	with re	tained	d faca	des at	1-3 De	nmark	Plac	e and Y	ork ar	d Clift	on Ma	ansions	to prov	ide 289	95sqr	
ceremonies, co	onferen	allery space to b ces and fashior	n sho	ws (Sui	Gen	eris); a	a 678s	sqm u	rban g	allery ۱	vith 19	12sq	m of inte	ernal Ĺ	.ED sc	reens	to be ι	used for	circula	ation	
space, retail, a (Sui Generis); 8		ing, exhibitions, of flexible retai																			
	`	A4) and a 14 be tcroft Street and			,	,										_				•	
(Class C3); 239	9sqm o	of affordable hou ark Street at gr	using	(Class	C3) a	and 25	40sqn	n of re	etail flo	or spa	ce (Cla	ass A	1). Prov	ision o	of a nev	w ped					
<u></u>						nu ass		ou pai	iiai ue	THOILLO	ı al Zı	Den	7				04/06	2/0045		_	
Application refer Please state the				012/685		cation	rolato	.c.					Da	ate or o	decisio	m:	31/03	3/2015			
Condition number		on number(s) ti	O WIII		арріі	CallOII	Telale	:5.													
Conditions 33 a	ınd 34																				
Has the develop	ment a	lready started?	(0)	Yes	0	No	If Y	es, pl	ease s	state w	nen the	e dev	elopmer	nt was	starte	d:	01/08	8/2016			
Has the develop	ment b	een completed	12 (Yes	(0)	No															
			,		~																
6. Condition(s) - R	emoval																			
Please state why	y you w	ish the conditio	on(s)	to be re	mov	ed or c	:hange	ed:													

6. Condition	on(s) - Removal	
Please refe	to the Covering Letter	
lf you wish th	ne existing condition to be changed, please state how you wish the condition to be varied:	
Please refe	to the Covering Letter	
7. Site Vis	it	
Can the site	be seen from a public road, public footpath, bridleway or other public land? © Yes © No	
If the plannir	g authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select on	ly one)
The ag	ent The applicant Other person	
3. Certifica	ates (Certificate B)	
	Certificate of Ownership - Certificate B Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under	Article 14
I certify/ The a application, wa	pplicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 of as the owner <i>(owner is a person with a freehold interest or leasehold interest with at least 7 years left to run)</i> and/or agricultural	days before the date of this tenant "has
	iven in section 65(8) of the Town and Country Planning Act 1990) of any part of the land or building to which this application re	
	cultural Tenant	Date notice served
Name:	Laurence Grant Kirschel	
Number:	26 Suffix: House name:	
Street:	Soho Square	13/10/2016
Locality:		
Town:	London	
Postcode:	W1D 4NU	
Name:	Property Asset Register Manager TFL	
Number:	Suffix: House name: Windsor House	
Street:	42-50 Victoria Street	13/10/2016
Locality:		13/10/2016
Town:	London	
Postcode:	SW1H 0TL	
Name:	LUL	
Number:	55 Suffix: House name:	
Street:	Broadway	10/10/10/10
Locality:		13/10/2016
Town:	London	
Postcode:	SW1H 0BD	
Name:	Property Asset register Manager, LUL	
Number:	Suffix: House name:	
Street:	42-50 Victoria Street	13/10/2016
Locality:		
Town:	London	

Postcode:	SW1H 0TL								
Name:	Rose Morris &	Compa	any Ltd						
Number:	10								
Street:	Denmark Stre		13/10/2016						
Locality:			13/10/2016						
Town:	London								
Postcode:	WC2H 8TD								
Name:	Highways Dep	artmen	t						
Number:									
Street:	Camden Towr	n Hall	<u> </u>	<u> </u>					13/10/2016
Locality:	Judd Street		13/10/2016						
Town:	London								
Postcode:	WC1H								
Title: Ms	First n	ame:	Anna			Surname	e: Snow		·
Person role	:	AGEN	IT	Declarati	on date:	1	3/10/2016		✓ Declaration made
). Declara	ation								
I/we hereby	annly for planni	na nerm	nission/consent as (described in this form a	nd the acc	ompanying	nlans/		
drawings ar	nd additional info	rmation	n. I/we confirm that,	to the best of my/our k line opinions of the pers	nowledge,	any facts s	tated are	Date	13/10/2016