

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 a	nd Contact Details			
Title:	First Name:		Surname	o: N/A	
Company name:	Linton Property De	velopments Ltd			
Street address:	C/O Agent				
			Telephone number:		
			Mobile number:		
Town/City:			Fax number:		
Country:			Email address:		
Postcode:					
Are you an agent	acting on behalf of the	ne applicant?	Yes No		
2. Agent Name	e, Address and (Contact Details			
Title: Mr	First Name:	Nigel	Surname	b: Dexter	
Company name:	Savills				
Street address:	33 Margaret Street	<u> </u>			
			Telephone number: 020	074206374	
			Mobile number:		
Town/City:	London		Fax number:		
	London				
Country:			Email address:		
Postcode:	W1G 0JD		ndexter@savills.com		

3. Site Addre	ss Details							
Full postal addre	ess of the site (in	cluding full po	ostcode where	available)	Description:			
House:		Suffix:	:					
House name:	39-51							
Street address:	Highgate Road	<u> </u>						
Town/City:	LONDON							
Postcode:	NW5 1RT							
	ocation or a grid							
Easting:	528813	13 HOURIOWII)	, <u>.</u>					
Northing:	185462							
4. Eligibility								
-n Engionity								
which this amen	dment relates?	-	_			the part of the land to	• Yes Q	No
If you are not the Management Pro					and Country Plan	nning (Development	O Yes O	No Not Applicable
Person notified		Address						Date of notification (DD/MM/YYYY)
		Number:	Su	ffix:	House name:			
		Street:						
		Town:						
		Postcode:						
5. Description	n of Your Pro	posal						
Description of Ap	oproved Develor	oment:						
A/13/2207697) cycle and refus mix of residenti	dated 03/03/201 e storage) to allo al units to provid	4 (for an addi ow the followi de 1x1 bed, 3:	itional floor at r ng- expansion x2 bed and 3x3	oof level to prof approved of approved of approved of the state of the	rovide 7 residentia roof level extension	at ground floor level,	loor extension to particular tiles. It is to the contract of t	provide an entrance, he building, amended
Reference numb	per: 2015/6	513/P						
*Date of decision (DD/MM/YYYY):	1 03/02/2016							
What was the or		n type?						
Full planning pe								
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								
	Other: anything not covered by the above category							

. Non-Material Amendment(s) Sought						
Please describe the non-material ame	ndment(s) you are seeking to make:					
- Increase the height of the approved provide a lightning conductor rod.						
you intending to substitute amended plans or drawings?						
Old plan/drawing numbers:	152-301 Rev P4 - East Elevation; 152-302 Rev P6 - W	Vest Elevation; 152-303 Rev P6 - North & South Elevations.				
New plan/drawing numbers:	152-301 Rev P7 - East Elevation; 152-302 Rev P9 - W	Vest Elevation; 152-303 Rev P8 - North & South Elevations.				
Please state why you wish to make this						
Please see covering statement for det	ails.					
. Pre-application Advice						
las assistance or prior advice been so	ught from the local authority about this application?	○ Yes ◎ No				
. Site Visit						
Can the site be seen from a public road, public footpath, bridleway or other public land?						
f the planning authority needs to make	an appointment to carry out a site visit, whom should t	they contact? (Please select only one)				
The agent	Other person					
. Authority Employee/Member						
Vith respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of sta (d) related to an elected mem		ly to you? Yes No				
0. Declaration						
Irawings and additional information. I/\	ion/consent as described in this form and the accompa ve confirm that, to the best of my/our knowledge, any fa en are the genuine opinions of the person(s) giving the	facts stated are Date 14/10/2016				