

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: Mr	First Name:	A		Surname:	Marsoni
Company name:]		
Street address:	C/O Agent]		
			Telephone numb	oer:	
			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 C	Contact Details			
_	_			ı	
Title: Mr	First Name:	Matt		Surname:	Bailey
Company name:	Planning Sense Ltd	t]		
Street address:	61 Cavendish Roa	d]		
			Telephone numb	oer: 0798	9332405
			Mobile number:		
Town/City:	St Albans		Fax number:		
Country:			Email address:		
Postcode:	AL1 5EF		matt@plannings	sense.co.uk	

3. Site Addres	ss Details					
Full postal addre	ess of the site (in	ncluding full po	stcode where available) Description:		
House:	15	Suffix:				
House name:						
Street address:	Buckland Cres	scent				
Town/City:	LONDON	LONDON				
Postcode:	NW3 5DH					
Description of lo						
Easting:	526820	is not known)				
Northing:	184576					
4. Eligibility						
Do you, or the power		behalf you ar	e making this applicatio	n, have an interest in t	he part of the land to	s Q No
If you are not the	e sole owner, ha		under article 10 of the T	own and Country Plan	ning (Development Ve	s No Not Applicable
Management Pro	ocedure) (Engla	ind) Order 201	5 been given?			
Person notified		Address				Date of notification (DD/MM/YYYY)
		Number:	Suffix:	House name:		
		Street:				
		Town:				
		Postcode:				
		T dollodde.				
5. Description	n of Your Pro	oposal				
Description of Ap	onroved Develo	nment:				
Conversion of the	ne existing 2 x s	elf-contained				habitable room associated with
			d upper ground floor, 1 e flank and rear elevatio		flat at first floor, 1 x 2bed self-c	contained unit at second floor
Reference numb	per: 2015/5	912/P				
*Date of decision (DD/MM/YYYY):	1.75/11/	2016				
What was the or		n type?				
Full planning pe		on which of the	oo following boot does-	hoo the evisions!	ation type?	
	_		ne following best descril ent to an existing dwellir			
	-			.geaes of developm		
uner: any	thing not covere	sa by the abov	e calegory			

6. Non-Material Amendmen	t(s) Sought				
*Please describe the non-material	amendment(s) you are s	seeking to make:			
Reconfiguration of first floor flat fr		becking to make.			
Are you intending to substitute am	ended plans or drawings	?	•	Yes Q No	
Old plan/drawing numbers:	1090 APL 003 Rev	A			
New plan/drawing numbers:					
Please state why you wish to mak	e this amendment:				
Improved configuration for flat					
7. Pre-application Advice					
Has assistance or prior advice bee	en sought from the local a	authority about this application	1?	Yes No	
·					
8. Site Visit					
Can the site be seen from a public			Q Ye		
If the planning authority needs to r	nake an appointment to o	carry out a site visit, whom sh	ould they contact? (Pl	ease select only o	one)
The agent	cant Other pers	son			
9. Authority Employee/Men	nber				
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 No
(c) related to a member (d) related to an elected					
10. Declaration					
I/we hereby apply for planning per					
drawings and additional information true and accurate and any opinion				✓ Date	11/11/2016