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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.

Please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applic	ant Name and Address	2. Agent Name and Address
Title:	MR First name: ROBIN	Title: MS First name
Last name:	TUSTIN	Last name: TOGONIDZ
Company (optional):		Company (optional): HIGGS YOUR
Unit:	House number: 62 House suffix: A	Unit: House number:
House name:		House name:
Address 1:	BALCOMBE STREET	Address 1: BOSTON PL
Address 2:		Address 2:
Address 3:		Address 3:
Town:	TON DOM	Town: LONDON
County:		County:
Country:		Country:
Postcode:	HWY PHE	Postcode: NWA GER

Title:	MS First name: DOMINYKA		
Last name:	TOGONIDZE		
Company (optional):	HIGGS YOUNG ARCHITECTS		
Unit:	House number: 54 House suffix:		
House name:			
Address 1:	BOSTON PLACE		
Address 2:			
Address 3:			
Town:	LONDON		
County:			
Country:			
Postcode:	HWA GER		

3. Site Address Details		(4.5)			
Please provide the full postal addres	s of the application at	4. Pre-application Advice			
Unit: House	House	Has assistance or prior advice been sought from the local authority about this application?			
number:	Suffix: A	addition?	Yes V No		
House name:		If Yes, please complete the following in	formation about the		
Address 1: FD OG HAL G		I I you were given. (This will help the auth	ority to deal with this		
TESTINAC	ARDENS	application more efficiently).			
Address 2:		Please tick if the full contact details are i	not		
Address 3:		known, and then complete as much as p	oossible:		
Address 5.		Officer name:			
Town: LONDON					
County:		Reference:			
Doctord					
(optional): NW 3 GUX					
Description of location or a grid refere	ence.	Date of advice (DD/MM/YYYY):			
(must be completed if postcode is no	t known):	Details of pre-application advice receive	d:		
	rthing: 185674				
Description:					
5. Eligibility					
Do you, or the person on whose habale	VOLL are making this It				
nave an interest in the part of the land	to which this amendment relate	s? Ves No			
f you have answered No to thi	E Guestian was asset	3:			
f volu are not the sale and	s question, you cannot ap	pply to make a non-material ame	ndment.		
f you are not the sole owner, has notifi lanning (Development Management F	cation under article 10 of the Tov	wn and Country			
·	rocedure) (England) Order 2015	been given? V Yes No	Not Applicable		
you nave answered No to this	question, you cannot ap	ply to make a non-material amen	dmont		
you have answered Yes to this question	n, please give details of persons	notified	idilielit.		
Person Notified	71 - 30 - 3.ve details of persons				
MRS JACKIE MOERAN	FLATA G FRAGINA	Address GARDENS, NW3 64X	Date of Notification		
	TENTA, BYPOUNK	GARDENS, NW3 64X	16/11/16		
MR 2 MRS ZETTHER	tuber a Chair		,,		
THE ELINA SETTINGE	TLAT 2, 6 PROGN	AL GARDENS, NW3 64X	16/11/16		
MR DAVID HURFORD	<u> </u>		7 27 23		
FIR DAY 113 FIGUREFORDS	FLAT3, 6 FROGN	AL GARDENS, NW3 6UX	16/11/16		
			10/11/16		
Authority Employee / Membe	r				
th respect to the Authority. Lam:					
a member of staff					
an elected member	Yes	No			
related to a member of stall					
related to an elected member					
yes please provide details of the name, relationship and role					
- mandy reliationship and role					
			1 1		

Please provide the description of the approved development as the sure on the standard	
Please provide the description of the approved development as shown on the decand date of decision in the sections below:	ision letter, including application reference number
"LANDSCAPING OF REXT GARDEN AND	
1x PATHO DOOR TO REME FACADE	AT LOWER GROUND
FLOOR LEVEL"	
Reference number:	Date of decision (DD/MM/YYYY):
2014/7843/P	29/04/2015
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline')	()
For the purpose of calculating fees, which of the following best describes the origin	nal application type?
Householder development: development to an existing dwelling-house or development	lopment within its curtilage
Other: anything not covered by the above category	
8. Non-Material Amendment(s) Sought	
Please describe the non-material amendment(s) you are seeking to make:	
IT IS PROPOSED TO RELOCATE EXTERIO	OR STATECASE (WITHIN
LOWER GROUND FLOOR PATIO) TO NOR	ETH EAST CORNER.
RETAINING WALLS WILL BE FINISHED IN	WHITE RENDER,
WHERE REQUIRED, 1,1m HEIGHT BAL	MSTRADE WILL BE
INSTALLED TO COMPLY WITH BUILDING	REGULATIONS.

Are you intending to substitute amended plans or drawings?	Yes No
If Yes, please complete the following:	
Old plan/drawing number(s):	
243_PL205; 243_PL203_REVB; 243_PL206	
New plan/drawing number(s):	
HYA 16036 (7) 101; HYA 16036 (P) 102; HYA 160	036 (7) 103
Please state why you wish to make this amendment:	
REVISED DESIGN, INCREASED	
· · · · · · · · · · · · · · · · · · ·	

9. Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application not being accepted. It will not be accepted until all information required by the Local Planning Authority has been submitted.					
The original and 3 copies of a completed and dated application form:					
The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:					
The correct fee:					
10. Declaration I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings as information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinion genuine opinions of the person(s) giving them. Signed - Applicant: Or signed - Agent: Date (DD/MM/YYY) DOMINY LA TOGONIOUE OF HIGGS YOUNG FEHILLE OF HIGGS YOUNG					
11. Applicant Contact Details		12. Agent Contact Details			
Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Extension number:	Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): DTOGONIDZE@ HIGGS YOUNG. COM			
Talephone number:					
Email address:					