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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 Name, Address and Contact Details

Title:	<input type="text" value="Mr"/>	First Name:	<input type="text" value="Alex"/>	Surname:	<input type="text" value="Cohen Goldstein"/>
Company name:	<input type="text" value="Coffee and Jam Ltd."/>				
Street address:	<input type="text" value="34"/>				
	<input type="text" value="Great Queen Street"/>				
	<input type="text"/>				
Telephone number:	<input type="text"/>				
Mobile number:	<input type="text"/>				
Town/City:	<input type="text" value="LONDON"/>				
Fax number:	<input type="text"/>				
Country:	<input type="text"/>				
Email address:	<input type="text"/>				
Postcode:	<input type="text" value="WC2B 5AA"/>				
Are you an agent acting on behalf of the applicant?					
<input type="radio"/> Yes <input checked="" type="radio"/> No					

2. Agent Name, Address and Contact Details

No Agent details were submitted for this application

3. Site Address Details

Full postal address of the site (including full postcode where available)

House:	<input type="text" value="34"/>	Suffix:	<input type="text"/>
House name:	<input type="text"/>		
Street address:	<input type="text" value="Great Queen Street"/>		
	<input type="text"/>		
	<input type="text"/>		
Town/City:	<input type="text" value="LONDON"/>		
Postcode:	<input type="text" value="WC2B 5AA"/>		

Description of location or a grid reference
(must be completed if postcode is not known):

Easting:	<input type="text" value="530426"/>
Northing:	<input type="text" value="181265"/>

Description:

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

☒ Yes ☐ No

If Yes, please complete the following information about the advice you were given (this will help the authority to deal with this application more efficiently):

Officer name:

Title: First name:

Surname:

Reference:

Date (DD/MM/YYYY): (Must be pre-application submission)

Details of the pre-application advice received:

5. Description of the Proposal

Please provide a description of the approved development as shown on the decision letter:

Condition 4: The uses hereby permitted shall not be carried out outside the following times 08:00 to 20:00 Mondays to Saturdays and 08:00 to 17:00 Sundays.

Condition 5: The Extract duct hereby approved must not operate outside the following times; 07:30 and 20:00 Monday to Sundays

Application reference number:

Date of decision:

Please state the condition number(s) to which this application relates:

Condition number(s):

Has the development already started? ☐ Yes ☒ No

6. Condition(s) - Removal

Please state why you wish the condition(s) to be removed or changed:

We have now been trading almost 2 years, in this time we have had lots of customers ask us to open during the evening for dinner service and as there is a restriction on our planning we are unable to operate to these hours. We have lots of food businesses on the same street including next door at number 35 Great Queen Street which operates until 23:00pm. We would like to have the same opportunities to trade later as all the other food operating businesses on Great Queen Street.

If you wish the existing condition to be changed, please state how you wish the condition to be varied:

Variation to condition 4 to read " The uses hereby permitted shall not be carried out outside the following times 08:00 to 23:00 Monday to Saturdays and 08:00 to 17:00 Sundays

Variation to condition 5 to read " The extract duct hereby approved must not operate outside the following times; 07:30 and 23:00 Monday to Saturday and 08:00 to 17:00 Sundays

7. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?

☒ Yes ☐ No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)

☐ The agent ☒ The applicant ☐ Other person

8. Certificates (Certificate A)

Certificate of Ownership - Certificate A Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/the applicant was the owner (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding (*"agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act*).

8. Certificates (Certificate A)

Title:

First name:

Surname:

Person role:

Declaration date:

☒ Declaration made

9. Declaration

I/we hereby apply for planning permission/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
true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

☒

Date