

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 Na	ame, Address aı	nd Contact Details			
Title: Ms	First Name:	Claire		Surname:	Farrow
Company name:	PAR Ltd.				
Street address:	c/o Agent				
			Telephone numb	er:	
			Mobile number:		
Town/City:			Fax number:		
Country:			Email address:		
Postcode:					
Are you an agent	acting on behalf of th	ne applicant?	Yes	lo	
2. Agent Name	, Address and C	Contact Details			
Title: Mr	First Name:	Declan		Surname:	Carroll
Company name:	Lichfields				
Street address:	14 Regent's Wharf				
	All Saints Street		Telephone numb	oer: 02078	8374477
			Mobile number:		
Town/City:	London		Fax number:		
Country:			Email address:		
Postcode:	N1 9RL		declan.carroll@	lichfields.uk	

3. Site Addres	s Details					
Full postal addres	ss of the site (including	g full postcod	e where available) Description:		
House:	8	Suffix:				
House name:						
Street address:	Prince Albert Road					
Town/City:	LONDON					
Postcode:	NW1 7SR					
	cation or a grid referer ted if postcode is not l					
Easting:	528428					
Northing:	183687					
			,			
4. Pre-applica	tion Advice					
Has assistance o	r prior advice been so	ught from the	e local authority ab	out this application?	○ Yes	No
5. Description	of the Proposal					
	description of the app			on the decision letter: s and the use of its roof as	a terrace: erection of stair	case to rear elevation
				nd replacement of marble from		
Application refere	nce number:	2016/2700)/P		Date of decision:	26/07/2016
Please state the condition number	condition number(s) to	which this a	pplication relates:			
		permitted sh	all be carried out	in accordance with the follo	wing approved plans.	
Has the developm	nent already started?	Yes	○ No If Yes	s, please state when the dev	velopment was started:	01/09/2016
Has the develop	nent been completed?	· O Yes	No			
Tido tilo dovolopii	nont boon completed.	2 100	2 110			
2 2 111 /						
6. Condition(s) - Removal					
Please state why	you wish the condition	n(s) to be ren	noved or changed	:		
To facilitate mind	or changes to the appr	oved develor	oment set out on t	he approved plans listed in	Condition 3.	
				wish the condition to be va		
To update the ap	proved plan numbers	in line with th	ne revisions now s	submitted under this applica	tion.	
7. Site Visit						
0	(- 4h - h - d - ll	-4h	O Van O Na	
	een from a public road				Yes No	anh, ana)
	-		•	site visit, whom should they	contact? (Please select of	only one)
The agent	The applicant	○ Oth	er person			

8. Certificates (Certificate A)						
	Town and Cou		ertificate of Ownership - Cert nt Management Procedure) (I		2015 Certificate	under Art	ticle 14
freehold interest or lea	asehold interest wit	th at least 7 years left to run)	e of this application nobody exorpers of any part of the land to which as the meaning given by reference.	n the application	relates, and that	none of the	e land to which the application
Title: Mr	First name:	Declan		Surname:	Carroll		
Person role:	erson role: AGENT Declaration date:		31/0	3/2017		✓ Declaration made	
9. Declaration							
drawings and addit	ional information.	I/we confirm that, to the	ed in this form and the accordes to f my/our knowledge, inions of the person(s) givin	any facts state		Date	31/03/2017