

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 N | ame, Address and Contact Details | |
|------------------|------------------------------------|-------------------------------|
| Title: Mrs | First Name: | Surname: Bull |
| Company name: | | |
| Street address: | 3, Inverforth Close | |
| | | Telephone number: |
| | | Mobile number: |
| Town/City: | LONDON | Fax number: |
| Country: | | Email address: |
| Postcode: | NW3 7EX | |
| Are you an agent | acting on behalf of the applicant? | Yes No |
| | | |
| 2. Agent Name | e, Address and Contact Details | |
| Title: Mrs | First Name: Alexandra | Surname: Lamboura |
| | | Surfiame. Lamboura |
| Company name: | ADA Architectural Design Ltd. | |
| Street address: | Unit 2 Breasy Place | |
| | Burroughs Gardens | Telephone number: 02082021766 |
| | Hendon | Mobile number: |
| Town/City: | London | Fax number: |
| Country: | | Email address: |
| Postcode: | NW4 4AT | info@ada-architecture.co.uk |

| 3. Site Addres | ss De | tails | | | | | | | | | | | | | | | |
|---|---|-----------------|----------|-------------|-------------------------|------------|--------|-----------|------------|--------|----------|------------|-------------|------------|-----------|-----------|-----------|
| Full postal addre | ss of tl | he site (includ | ding fu | II postcod | e where a | available) |) | Descrip | tion: | | | | | | | | |
| House: | 3 | | Su | ffix: | | | | | | | | | | | | | |
| House name: | | | | | | | | | | | | | | | | | |
| Street address: | Inver | forth Close | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Town/City: | LONI | OON | | | | | | | | | | | | | | | |
| Postcode: | NW3 | 7EX | | | | | | | | | | | | | | | |
| Description of lo | | | | wn): | | | | | | | | | | | | | |
| Easting: | 5260 | 49 | | | | | | | | | | | | | | | |
| Northing: | 1867 | 42 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 4. Pre-applica | ation | Advice | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Has assistance of | - | | _ | | | - | | | | | | Ye | | No | | | |
| If Yes, please co | mplete | the following | g infori | nation abo | out the ad | lvice you | were | given (th | is will he | lp the | authori | ty to dea | al with th | nis applic | ation mo | ore effic | ciently): |
| Officer name: | _ | | г | | | | | | | | | | | | | | |
| Title: Mr | | First name: | | John | | | | | | Suri | name: | Diver | | | | | |
| Reference: | | | | ı | | | | | | | | | | | | | |
| Date (DD/MM/Y) | | | | , | pre-appli | ication su | ubmiss | sion) | | | | | | | | | |
| Details of the pre | e-applic | cation advice | receiv | ed: | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 5. Description | of th | ne Propos | | | | | | | | | | | | | | | |
| 3. Description | ויייייייייייייייייייייייייייייייייייייי | ie Fropos | aı | | | | | | | | | | | | | | |
| Please provide a | | | | | | | | | | | | | | | | | |
| PROPOSED RO CONVERSION AND PORCH E | INCLU | JDING FRON | IT ANI | SIDE D | ORMER V | WINDOW | VS ANI | D CREA | TION OF | RAIS | SED TE | RRACE | ; EREC | TION OF | TWO B | AY-WI | |
| Application refer | ence n | umber: | | | Portal refe 2016/695 | | P-0570 | 03721 C | amden | | Da | te of ded | cision: | 03/03 | /2017 | | |
| Please state the Condition number | | ion number(s |) to wh | nich this a | pplication | relates: | | | | | | | | | | | |
| 3. The developr PL07A, PL08, I 2016; Daylight | nent he | PL10A, PL1 | 1; Arb | oricultural | Impact A | | | | | | | | | | | | |
| Has the develop | ment a | lready starte | d? | Yes | No | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 6. Condition(| s) - R | emoval | | | | | | | | | | | | | | | |
| Please state why | / VOLL W | ish the cond | ition(s | to bo ron | noved or | changod: | | | | | | | | | | | |
| The proposed v quarters of the | ariation | n of condition | s is lo | oking for t | he achiev | ement of | | extra spa | ce on the | e prop | osed fi | rst floor, | due to t | he adapt | tation of | the sle | eping |
| In order to keep | the so | uth elevation | , the p | roposed r | oof is ext | ending to | owards | south in | other to | gain | this spa | ce for th | ne first fl | oor spac | e | | |
| | | | | | | | | | | | | | | | | | |

| 6. Co | ndition(s) | - Removal | | | | | | | | |
|--|-----------------|--------------------|----------------------------|---|---------------|--------------------|--------------|--------------------|------|--|
| i | | | | | | | | | | |
| ., | | e 190 v 1 | | | | | | | | |
| | | | | e how you wish the condition | to be varied: | | | | | |
| ACCO | raing to the st | ubmitted drawings | | | | | | | | |
| | | | | | | | | | | |
| 7. Sit | e Visit | | | | | | | | | |
| | | | | | | | | | | |
| Can t | he site be see | n from a public ro | oad, public footpath, bric | dleway or other public land? | | Yes | No | | | |
| If the | planning auth | ority needs to ma | ke an appointment to ca | arry out a site visit, whom sho | ould they con | tact? (Please se | elect only o | ne) | | |
| ☐ The agent ☐ The applicant ☐ Other person | | | | | | | | | | |
| | J | | | | | | | | | |
| | | | | | | | | | | |
| 8. Ce | rtificates (| Certificate A) | | | | | | | | |
| | | | _ | | | | | | | |
| | | Town and Cour | | Certificate of Ownership - Certi ent Management Procedure) (E | | r 2015 Certificate | under Arti | cle 14 | | |
| | | | | ate of this application nobody exc a) of any part of the land to which | | | | | tion | |
| | | | | has the meaning given by refere | | | | | | |
| Title: | Mrs | First name: | Alexandra | | Surname: | Lamboura | | | | |
| Perso | n role: | AGEN | г 1 | Declaration date: | 21/0 | 08/2017 | 1 | ✓ Declaration made | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 9. De | claration | | | | | | | | | |
| | | | | | | | | | | |
| | , , , , | | | bed in this form and the acco best of my/our knowledge, a | . , | od oro — | | 21/08/2017 | 1 | |
| | • | | - | pinions of the person(s) giving | • | eu are | Date | 21/00/2017 | | |
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