

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 Name, Address and Contact Details							
Title: Mr	First Name:	Jonathan		Surname:	Joyce		
Company name:							
Street address:	Land to rear of 100	a&102 Fellows Rd					
	kings College Road	d	Telephone number:				
			Mobile number:				
Town/City:			Fax number:				
Country:			Email address:				
Postcode:							
Are you an agent a	acting on behalf of th	ne applicant?	Yes	lo			
2. Agent Name	, Address and C	Contact Details					
2. Agent Name Title: Miss	, Address and C	Contact Details Anna		Surname:	Saldi		
_	_	Anna		Surname:	Saldi		
Title: Miss	First Name:	Anna		Surname:	Saldi		
Title: Miss Company name:	First Name:	Anna	Telephone numb		Saldi 4314500		
Title: Miss Company name:	First Name:	Anna	Telephone numb	er: 0207			
Title: Miss Company name:	First Name:	Anna		per: 02074	4314500		
Title: Miss Company name: Street address:	First Name: Square Feet Archite 8a Baynes Mews	Anna	Mobile number:	per: 02074	4314500 4314500		

3. Site Addre	ss Details							
Full postal addre	ess of the site (ir	ncluding full p	ostcode where ava	ailable)	Description:			
House:		Suffix	:					
House name:								
Street address:	King's College	Road						
Town/City:	LONDON			_				
Postcode:	NW3 3JL			_				
Decemention of la								
Description of lo (must be comple):					
Easting:	527016							
Northing:	184341							
4. Eligibility								
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which this amen	erson on wnose dment relates?	benait you a	re making this app	lication, na	ave an interest in the pa	irt of the land to	Yes	No
If you are not the Management Pro				f the Town	and Country Planning ((Development	O Yes O	No Not Applicable
		<u> </u>	TO DOON GIVON.					Date of notification
Person notified		Address						(DD/MM/YYYY)
		Number:	Suffix	:	House name:			
		Street:						
		Town:						
		Postcode:						
		ļ						
5. Description	of Vour Bro	nocal						
5. Description	noi tour Pic	рроѕаі						
Description of A	pproved Develo	pment:						
	iilding comprisin Road, London N		round and first flo	or for use	as a single family dwelli	ng on land to the	rear of 100a ar	d 102 Fellows Road,
Reference numb			000546, 2014/058	 6/P		1		
*Date of decision								
(DD/MM/YYYY):								
What was the or Full planning pe		n type?						
		es, which of t	he following best	describes	the original application t	ype?		
Household	der developme	nt: Developm	ent to an existing	dwelling-h	ouse or development wi	thin its curtilage		
Other: any	thing not covere	ed by the abo	ve category					
6. Non-Materi	ial Amendme	ent(s) Sour						
J. HOII-Matel	iai Amerianie	(3) 3 004(y. 14					
*Please describe	e the non-materi	al amendmer	nt(s) you are seeki	ng to mak	e:			

6. Non-Material Amendment(s	s) Sought							
Swap of Living area and Sleeping are The sleeping area will now be at the The external appearance of the build	Lower Ground instead of the Upper Ground and viceversa the living area will be at the Upper instead of downstair	s.						
Are you intending to substitute amend	ded plans or drawings?	_						
Old plan/drawing numbers:	Proposed Ground Floor Plan Rev 04, Proposed Upper Ground Floor Plan Rev 03, Facade Elevation Rev 03							
New plan/drawing numbers:	1534_L_123-REV-F, 1534_L_122-REV-F, 1534_L_130-REV-D							
Please state why you wish to make th	his amendment:	_						
The aim is to have some more natura	ral light to the living area, where this is more needed than into the sleeping area.							
7. Pre-application Advice								
	a combit forms the level and active the activities and level and							
	sought from the local authority about this application? Yes No	,						
	information about the advice you were given (this will help the authority to deal with this application more efficiently	y):						
Officer name:								
Title: First name:	Surname:							
Reference:								
Date (DD/MM/YYYY):	(Must be pre-application submission)							
Details of the pre-application advice r	received:							
3. Site Visit								
Can the site be seen from a public roa	pad, public footpath, bridleway or other public land? Yes No							
If the planning authority needs to make	ke an appointment to carry out a site visit, whom should they contact? (Please select only one)							
The agent	nt Other person							
9. Authority Employee/Membe	er							
With respect to the Authority, I am: (a) a member of staff								
(b) an elected member (c) related to a member of s	Do any of these statements apply to you? O Yes No							
(d) related to an elected me								
10. Declaration								
	ssion/consent as described in this form and the accompanying plans/ I/we confirm that, to the best of my/our knowledge, any facts stated are Date 08/01/2018	٦						
	piven are the genuine opinions of the person(s) giving them. Date 08/01/2018	_						