

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 Name, Address and Contact Details							
Title: Mr	First Name:	Nick		Surname:	Watts		
Company name:							
Street address:	Royal College of Ph	nysicians					
			Telephone numb	oer:			
			Mobile number:				
Town/City:			Fax number:				
Country:			Email address:				
Postcode:							
Are you an agent acting on behalf of the applicant?		🖲 Yes 💭 N	lo				

2. Age	ent Name	, Address and C	Contact Det	ails					
Title:	Mr	First Name:	David			Surnar	ne:	Lillico	
Compa	any name:	Portakabin Itd							
Street	address:	Portakabin Ltd							
		141 Hinckley Road			Telephone numb	oer: 0	7484	4082384	
					Mobile number:				
Town/0	City:	COVENTRY			Fax number:				
Countr	y:				Email address:				
Postco	de:	CV2 2QL			david.lillico@po	rtakabin.	com		

Full postal addre	ess of the site (including full postcode where available)	Description:
House:	11 Suffix:	
House name:		
Street address:	St Andrew's Place	
Town/City:	London	
Postcode:	NW1 4LE	
	ocation or a grid reference eted if postcode is not known):	
Easting:	528783	
Northing:	182390	
4. Pre-applica	ation Advice	
Has assistance of	or prior advice been sought from the local authority abou	t this application?

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:	Charlotte	Surname:	Meynell			
Reference:							
Date (DD/MM/YYYY):	01/06/2018	(Must be pre-application submission)					
Details of the pre-application advice received:							
Advised of the best way to make these changes							

5. Description of the Proposal

Please provide a description of the approved development as shown on the decision letter: This application seeks an extension to previously approved temporary planning permission and a change in the modular building formation								
Application reference number: 2017/5239/P 2017/6124/L Date of decision: 22/01/2018								
Please state the condition number(s) to which this application relates: Condition number(s):								
Condition 1 - new layout drawings submitted Condition 2 - Seeking new date of October 2019								
Has the development already started? Yes No If Yes, please state when the development was started: 22/01/2018 								
Has the development been completed? Yes Ves No If Yes, please state when the development was completed: 05/02/2018								

6. Condition(s) - Removal
Please state why you wish the condition(s) to be removed or changed:
To allow the College to continue using the buildings whilst vital changes are made to their offices
If you wish the existing condition to be changed, please state how you wish the condition to be varied:
Condition 1 to reflect the new drawings Condition 2 to reflect the new date of October 2019

7. Site Visit							
Can the site be see	en from a public re	oad, public footpati	h, bridleway or other public land?)	🔾 Yes 💿	No	
If the planning auth	nority needs to ma	ike an appointmen	nt to carry out a site visit, whom s	hould they con	tact? (Please se	lect only one)	
The agent	The applica	nt 🔾 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							
freehold interest or le	easehold interest wit	h at least 7 years left	/ /	ch the application	n relates, and that	owner (owner is a person with a none of the land to which the application ral tenant" in section 65(8) of the Act).	
Title: Mr	First name:	David		Surname:	Lillico		
Person role:	AGEN	Г	Declaration date:	25/0	06/2018	Declaration made	
9. Declaration							
drawings and addit	tional information.	I/we confirm that,	described in this form and the act to the best of my/our knowledge uine opinions of the person(s) giv	, any facts state		Date 25/06/2018	