



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

Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form.

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:



planning@camden.gov.uk Email:

Phone: 020 7974 4444 Fax:

020 7974 1680

Development Management Camden Town Hall Extension **Argyle Street** London WC1H 8EQ

Publication of applications on planning authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

If printed, please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your

1. Applicant Name and Address				
Title:	First name:			
Last name:				
Company (optional):	DEVONSHIRE MUSEUM HOUSE			
Unit:	House number: House suffix:			
House name:				
Address 1:				
Address 2:				
Address 3:				
Town:	London			
County:				
Country:				
Postcode:	WIK 50N			

2. Agent Name and Address					
Title:	MRS	First name: KAREN			
Last name:	PRICE				
Company (optional):	HAWES PRICE LTD				
Unit:		House House suffix:			
House name:					
Address 1:	72 (CHARLOTTE STREET			
Address 2:	157	FLOOR			
Address 3:					
Town:	LON	204			
County:					
Country:	ИK				
Postcode:	WIK	499			
		Version 2018			

(3. Site Address Details	4. Pre-application Advice					
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local					
Unit: 15 House number: House suffix:	authority about this application?					
House name: MUSEUM HOUSE	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this					
Address 1: MUSEUM STREET	application more efficiently). Please tick if the full contact details are not					
Address 2:	known, and then complete as much as possible:					
Address 3:	Officer name: SOSH LAWLOR					
Town: LONDON	Reference:					
County:	2018/3801					
Postcode (optional): WCIR バンイ	Date (DD/MM/YYYY): (must be pre-application submission)					
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?					
Easting: 530147 Northing: 181517	ADVISED TO SUBMIT					
Description:	S73 APPLICATION					
	5. Description Of Your Proposal Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:					
ERECTION OF A STAFLOOR ROOF EXTENS	ION FOR USE AS A SELF CONTAINED FLAT					
(CLASS C3) WITH ROOF TERRACE AND						
CECHSS CS) WITH ROOT TERRICE HOIS	CYCLE STOKAGE ITT LOWER GROUND					
	D/MM/YYYY): \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
Please state the condition number(s) to which this application relates 1. CONDITION NO 2 - DRAW	6.					
2.	7.					
3.	8.					
	9.					
4.	10.					
5.	Yes No					
(date must be pre-application						
Has the development been completed? Yes No						
(date must be pre-application						
If Yes, please state when the development was completed (DD/MM/YYYY): \\S\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
6. Condition(s) - Removal						
Please state why you wish the condition(s) to be removed or changed:						
DUE TO DESIGN OF PRESSURISATION SYSTEM TO COMMUNAL STAIR CORE TO BE						
KEPT FREE OF SHOKE IN EVENT OF FIRE FANS AND DUCTING REQUIRED ON ROOF.						
If you wish the existing condition to be changed, please state how you wish the condition to be varied:						
TO REPLACE PRAWING NOS. FULL DESC	RIPTION ATTACHED,					

7. Ownership Certificates and Agricultural Land Declaration

One Certificate A, B, C, or D, must be completed with this application form 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* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding**

NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding. owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. ** "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act. Date (DD/MM/YYYY): Signed - Applicant: Or signed - Agent: **CERTIFICATE OF OWNERSHIP - CERTIFICATE B** Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner* and/or agricultural tenant** of any part of the land or building to which this application relates. "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. ** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990 **Date Notice Served** Name of Owner / Agricultural Tenant Address

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority (LPA) has been submitted.					
The original and 3 copies* of a completed and dated application form:	The original and 3 copies* of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings):				
The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:	and Article 14 Certificate (Agricultural Holdings).				
The correct fee:	Í				
*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.					
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.					
Signed - Applicant: Or signed - Agent	,				
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10. Applicant Contact Details	11. Agent Contact Details				
Telephone numbers	Telephone numbers				
Country code: National number: Extension number:	Extension Country code: National number: number:				
, matterial manuscri	0044 2074090408				
Country code: Mobile number (optional):	Country code: Mobile number (optional):				
	07769 742539				
Country code: Fax number (optional):	Country code: Fax number (optional):				
Email address (optional):	Email address (optional):				
	Racen@hamesprice.co.ux.				
12. 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)	Agent Applicant Other (if different from the agent/applicant's details)				
If Other has been selected, please provide:					
Contact name:	Telephone number:				
Email address:					