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Application for a Lawful Development Certificate for a Proposed use or development.

Town and Country Planning Act 1990: Section 192, as amended by section 10 of the Planning and Compensation act 1991.

Town and Country Planning (Development Management Procedure) (England) Order 2015

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 and 'The Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended).

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:



Email: planning@camden.gov.uk

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 application.

1. Applic	ant Name and Address) [2. Ag
Title:	M/C First name: F.	Title:
Last name:	ZAVAHIR	Last n
Company (optional):	MEDICAL AND AESTHETIC TRAINING ACADEMY LTD	Comp (optio
Unit:	House number: House suffix:	Unit:
House name:		House name:
Address 1:	I HAVELEY ST	Addre
Address 2:		Addre
Address 3:		Addre
Town:	LONDON] Town:
County:		Count
Country:	UK	Count
Postcode:	WIG 900	Postco

2. Agent	Name and Address
Title:	M5. First name: G
Last name:	AVENDANO
Company (optional):	PAPER PROJECT ARCHITECTURE + DEGIGN LTD.
Unit:	House number: House suffix:
House name:	THE SAWMILLS
Address 1:	DUNISHIU ROAD
Address 2:	
Address 3:	
Town:	MONDON
County:	
Country:	UK
Postcode:	SWI8 4QL

Version 2018.1

3. Site Address Det	ails		4. Pre-	applica	tion Ac	dvice		
Please provide the full postal address of the application site.				10 to			ught from the	local
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Address 3:			Officer n	ame: HEW	DEM	DGEY		
Town: LONDO	M		Reference		001	1201		
County:								
Postcode (optional):						/MM/YYYY	25	106/2021
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6. Authority Employee / Member	
It is an important principle of decision-making that the process is op means related, by birth or otherwise, closely enough that a fair-mind conclude that there was bias on the part of the decision-maker in the	led and informed observer, having considered the facts would
	Yes No With respect to the authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff (d) related to an elected member
If Yes, please provide details of their name, role and how you are rela	ated to them.
7. Grounds For Application	
Information About The Existing Use(s)	Information About The Proposed Use(s)
Please explain why you consider the existing or last use of the land is lawful, or why you consider that any existing buildings, which it is proposed to alter, or extend are lawful	If you consider the proposed use is within a 'Use Class' in the Town and Country Planning (Use Classes) Order 1987 (as amended), state which one:
CLASSIFIED AS DI (NON LESIDENTIAL	NOW E(e) AND FI(a)
INSTITUTION UNRESTITUTED USE).	Is the proposed operation or use:
THE PROPOSED USE IS FOR PROVISION OF MEDICAL AND HEARTH SERVICES	Temporary Permanent
AND MEDICAL TRAINING, WHICH	If temporary please give details:
WOULD HAVE BEEN CLASSIFIED AS	in temporary pieuse give details.
DI. THE NEW USE CLASS IS	
F(E) PROVISION OF MEDICAL OR HEALTH SERVICES AND FI (a) PROVISION OF EDUCATION.	
Please list the supporting documentary evidence (such as a planning permission) which accompanies this application:	Please state why you consider that a Lawful Development
1.	Certificate should be granted for this proposal:
2.	REGULARISE THE USE CLASSES, AS A
3.	REGULARISE THE USE CLASSES, AS A REGULATION THE AMMENDMENT WHICH TOOK PLACE TO THE TOWN & GUNTRY PLANNING REGULATIONS IN SEPT 2020
4.	THE PROPOSED USE:
5.	E(E) PROVISION OF MEDICAL OR HEALTH SERVICES
If you consider the existing, or last use is within a 'Use Class' in the Town and Country Planning (Use Classes) Order 1987 (as amended), state which one:	FIG) PROVISION OF EDUCATION,
amended, state which one:	WAS PREVIOUSLY COVERED BY
	OI (NON REGIDENTIAL INSTITUTION UNREGARICATED USE).

8. Description Of Proposal
Does the proposal consist of, or include: a) The carrying out of building or other operations? Yes No
If Yes to a, please give detailed description of all such operations (includes the need to describe any proposal to alter or create a new access, layout any new street, construct any associated hard-standings, means of enclosure or means of draining the land/buildings) and indicate on your plans (in the case of a proposed building the plan should indicate the precise siting and exact dimensions):
INTERNAL RECONFIGURATION AND REAR EXTENSION AS CONTRED BY PLANNING APPROVAL 2019/0116/P.
b) Change of use of the land or building(s)?
If Yes to b, please give a full description of the scale and nature of the proposed use, including the processes to be carried out, any machinery to be installed and the hours the proposed use will be carried out:
DI NON-RESIDENTIAL INSTITUTION UNRESTRICTED USE, to E(e) PROVISION OF MEDICAL OR HEALTH SERVICES AND FI(a) PROVISION OF
E(e) PROVISION OF MEDICAL OR HEALTH SERVICES AND FICE) PROVISION OF EDUCATION.
If Yes to b, please describe fully the existing or the last known use, with the date this use ceased:
THE PROPERTY WAS IN USE AS A LANGUAGE SCHOOL UNTIL 2018.
Has the proposal been started?

9. 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 burden or proof in a Lawful Development Certificate is firmly with the applicant and therefore sufficient and precise information should be provided.				
The original and 3 copies* of a completed dated application form:	The original and 3 copies* of such evidence verifying the information included in the application as you can provide:			
The original and 3 copies* of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North:	The correct fee:			
*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.				
10. Declaration I/we hereby apply for a Lawful Development Certificate 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 Date (DD/MM/YYYY): (date cannot be pre-application submission) WARNING: The amended section 194 of the 1990 Act provides that it is an offence to furnish false or misleading information or to withhold material				
result of such false or misleading information.	rity to revoke, at any time, a certificate they may have been issued as a			
11. Applicant Contact Details	12. Agent Contact Details			
Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):			
13. Site Visit				
Can the site be seen from a public road, public footpath, bridleway o If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide: Contact name:	r other public land? Yes No Agent Applicant Other (if different from the agent/applicant's details) Telephone number:			
Email address:				