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

## Application for Approval of Details Reserved by Condition

## Town and Country Planning Act 1990 (as amended); Planning (Listed Buildings and Conservation Areas) Act 1990 (as amended)

#### 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.

## **Site Location**

Disclaimer: We can only make recommendations based on the answers given in the questions.

If you cannot provide a postcode, the description of site location must be completed. Please provide the most accurate site description you can, to help locate the site - for example "field to the North of the Post Office".

Number

Suffix

#### Property Name

Great Ormond Street Childrens Hospital, Frontage Building

#### Address Line 1

Great Ormond Street

#### Address Line 2

Address Line 3

Town/city	
London	
Postcode	
WC1N 3JH	
Description of site location must be completed if p	ostcode is not known:
Fasting (x)	Northing (v)

	rtorannig (y)
530554	182049
Description	

# **Applicant Details**

## Name/Company

Title

#### First name

#### Surname

see company name

#### Company Name

Great Ormond Street Hospital for Children NHS Foundation Trust

### Address

#### Address line 1

C/O Agent, Turley

#### Address line 2

Brownlow Yard

#### Address line 3

12 Roger Street

#### Town/City

London

#### County

Country

United Kingdom

#### Postcode

WC1N 2JU

Are you an agent acting on behalf of the applicant?

⊘ Yes ○ No

### **Contact Details**

Primary number

\*\*\*\*\* REDACTED \*\*\*\*\*\*

Secondary number

Fax number

#### Email address

\*\*\*\*\* REDACTED \*\*\*\*\*\*

## **Agent Details**

## Name/Company

#### Title

Mr

#### First name

Jordan

#### Surname

Bishop

#### Company Name

Turley

### Address

### Address line 1

Brownlow Yard

#### Address line 2

12 Roger Street

#### Address line 3

#### Town/City

# London

### County

#### Country

United Kingdom

#### Postcode

WC1N 2JU

### **Contact Details**

Primary number

***** REDACTED *****			
Secondary number			
Fax number			
Email address			
***** REDACTED ******			

# **Description of the Proposal**

Please provide a description of the approved development as shown on the decision letter

Redevelopment of the Great Ormond Street Hospital (GOSH) Frontage Building comprising demolition of the existing building, and erection of a replacement hospital building (Class C2) with a basement, landscaped amenity spaces at roof top and balcony and ground floor levels, plant equipment, cycle storage, refuse storage and other ancillary and associated works pursuant to the development.

Reference number

2022/2255/P

Date of decision (date must be pre-application submission)

17/04/2023

Please state the condition number(s) to which this application relates

Condition number(s)

9 (a)

Has the development already started?

⊖Yes ⊘No

## Part Discharge of Conditions

Are you seeking to discharge only part of a condition?

⊘ Yes

ONo

If Yes, please indicate which part of the condition your application relates to

Condition 9, Part A

## **Discharge of Conditions**

Please provide a full description and/or list of the materials/details that are being submitted for approval

Please see accompanying Covering Letter.

## 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?

⊘ The agent

O The applicant

O Other person

## **Pre-application Advice**

Has assistance or prior advice been sought from the local authority about this application?

⊘ Yes○ No

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

\*\*\*\*\* REDACTED \*\*\*\*\*\*

#### First Name

\*\*\*\*\* REDACTED \*\*\*\*\*\*

#### Surname

\*\*\*\*\* REDACTED \*\*\*\*\*\*

Reference

Date (must be pre-application submission)

14/04/2023

Details of the pre-application advice received

Proposed locations have been agreed in pre-application consultation with LB Camden air quality officers.

### Declaration

I / We hereby apply for Approval of details reserved by a condition (discharge) as described in this form and 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 options of the persons giving them. I / We also accept that: Once submitted, this information will be transmitted to the Local Planning Authority and, once validated by them, be made available as part of a public register and on the authority's website; our system will automatically generate and send you emails in regard to the submission of this application.

✓ I / We agree to the outlined declaration

Signed

Jordan Bishop

Date

03/05/2023