

Email: [planning@camden.gov.uk](mailto:planning@camden.gov.uk)  
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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	<input type="text" value="4"/>
Suffix	<input type="text"/>
Property Name	<input type="text" value="St Pancras Hospital"/>
Address Line 1	<input type="text" value="St Pancras Way"/>
Address Line 2	<input type="text"/>
Address Line 3	<input type="text" value="Camden"/>
Town/city	<input type="text" value="London"/>
Postcode	<input type="text" value="NW1 0PE"/>

Description of site location must be completed if postcode is not known:

Easting (x)	Northing (y)
<input type="text" value="529678"/>	<input type="text" value="183626"/>
Description	<input type="text"/>

## Applicant Details

### Name/Company

Title

First name

Surname

-

Company Name

Moorfields Eye Hospital NHS Foundation Trust ('Moorfields'), University College London ('UCL') Institute of Ophthalmology ('IoO') and Moorfields

### Address

Address line 1

c/o Agent

Address line 2

70 St Mary Axe

Address line 3

Town/City

London

County

Country

United Kingdom

Postcode

EC3A 8BE

Are you an agent acting on behalf of the applicant?

☒ Yes

☐ No

### Contact Details

Primary number

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

Secondary number

Fax number

Email address

## Agent Details

Name/Company

Title

First name

Surname

Company Name

## Address

Address line 1

Address line 2

Address line 3

Town/City

County

Country

Postcode

## 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

"Partial redevelopment of the site, involving the demolition of seven existing buildings (Ash House, Bloomsbury Day Hospital, the Camley Centre, Jules Thorn Day Hospital, Kitchen and the Post Room & Former Mortuary) and construction of a part seven, part ten storey (plus roof plant) purpose-built eyecare, medical research and educational centre for Moorfields Eye Hospital, the UCL Institute of Ophthalmology and Moorfields Eye Charity.

New building to comprise a mixture of clinical, research and education purposes, including eye care accident and emergency department, outpatients, operating theatres, research areas, education space, cafe and retail areas, admin space and plant space.

Associated site relandscaping works including formation of patient drop off area to St Pancras way, new public realm and routes through the site, cycle parking and servicing ramp and cross over to Granary Street"

Reference number

2020/4825/P

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

05/08/2022

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

Condition number(s)

25

Has the development already started?

☒ Yes

☐ No

If Yes, please state when the development was started (date must be pre-application submission)

27/02/2023

Has the development been completed?

☐ Yes

☒ No

## Part Discharge of Conditions

Are you seeking to discharge only part of a condition?

- ☐ Yes  
☒ No

## Discharge of Conditions

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

Please see application 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  
☐ The applicant  
☐ Other person

## Pre-application Advice

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

- ☐ Yes  
☒ No

## 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

Emily Disken

Date

16/05/2023

