

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 or Listed Building Consent

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	4		
Suffix			
Property Name			
St Pancras Hospital			
Address Line 1			
St Pancras Way			
Address Line 2			
Address Line 3			
Camden			
Town/city			
London			
Postcode			
NW1 0PE			
Description of site location must be completed if postcode is not known:			
Easting (x)	N	Northing (y)	
529678		183626	

Applicant Details
Name/Company
Title
First name
Surname
-
Company Name
Bouygues UK
Address
Address line 1
c/o Agent
Address line 2
70 St Mary Axe
Address line 3
Town/City
London
County
Country
Postcode
EC3A 8BE
Are you as event exting an help of the applicant?
Are you an agent acting on behalf of the applicant?
O No

Contact Details

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

Agent Details

Name/Company

Title

Miss

First name

Emily

Surname

Disken

Company Name

Montagu Evans

Address

Address line 1

70 St Mary Axe

Address line 2

Address line 3

Town/City

London

County

Country

EC3A 8BE

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)

Condition 2, Condition 3, Condition 5

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

Condition(s) - Variation/Removal

Please state why you wish the condition(s) to be removed or changed

Please refer to the Planning Statement submitted with this Application.

If you wish the existing condition to be changed, please state how you wish the condition to be varied

Please refer to the Planning Statement submitted with this Application.

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?

O The applicant

Other person

Pre-application Advice

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

⊘ Yes

ONo

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

***** REDACTED ******

Surname

***** REDACTED ******

Reference

Date (must be pre-application submission)

08/03/2023

Details of the pre-application advice received

Advice on proposed changes and appropriate application procedure.

Ownership Certificates and Agricultural Land Declaration

Certificates under Article 14 - Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended)

Please answer the following questions to determine which Certificate of Ownership you need to complete: A, B, C or D.

Is the applicant the sole owner of all the land to which this application relates; and has the applicant been the sole owner for more than 21 days? O Yes

⊗No

Can you give appropriate notice to all the other owners/agricultural tenants? (Select 'Yes' if there are no other owners/agricultural tenants) ② Yes

 \bigcirc No

Certificate Of Ownership - Certificate B

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; or
- The applicant is the sole owner of all the land or buildings to which this application relates and there are no other owners* and/or agricultural tenants**.
- * "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

Name of Owner/Agricultural Tenant:

***** REDACTED ******

House name:

2nd Floor East Wing St Pancras Hospital

Number:

4

Suffix:

Address line 1: St Pancras Way

Address Line 2:

Town/City: London

Postcode: NW1 0PE

Date notice served (DD/MM/YYYY): 25/05/2023

Person Family Name:

Name of Owner/Agricultural Tenant:

***** REDACTED ******

House name: Newington House

Number:

Suffix:

Address line 1: 237 Southwark Bridge Road

Address Line 2:

Town/City: London

Postcode: SE1 6NP

Date notice served (DD/MM/YYYY): 25/05/2023

Person Family Name:

Name of Owner/Agricultural Tenant: ***** REDACTED ******

House name: Newington House

Number:

Suffix:

Address line 1: 237 Southwark Bridge Road

Address Line 2:

Town/City: London

Postcode: SE16NP

Date notice served (DD/MM/YYYY):

25/05/2023
Person Family Name:
Person Role
◯ The Applicant
⊙ The Agent
Title
First Name
Surname
Montagu Evans LLP
Declaration Date
25/05/2023

Declaration made

Declaration

I / We hereby apply for Removal/Variation of a condition 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

25/05/2023