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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	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)	Northing (y)	
529678	183626	
Description		

Applicant Details

Name/Company

Title

First name

Surname

N/A

Company Name

Moorfield Eye Hospital NHS Foundation Trust, UCL Institute of Ophthalmology & Moorfield Eye Charity

Address

Address line 1

C/o Montagu Evans

Address line 2

70 St Mary Axe

Address line 3

Town/City

London

County

Country

c/o agent

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

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

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

UK

Postcode

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)

08/08/2022

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

Condition number(s)

6

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

Subsections (a), (b), (e), (f) (g), (j) and (k)

Discharge of Conditions

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

Please refer to cover 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

Declaration

I/We hereby apply for Approval of details reserved by a condition (discharge) as described in the questions answered, details provided, 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.

I/We also accept that, in accordance with the Planning Portal's terms and conditions:

- Once submitted, this information will be made available to the Local Planning Authority and, once validated by them, be published 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

2023/11/22