

Planning Services
Camden Town Hall
Argyle Street
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For office use
Date
Payee
App. No. Fee

Application for Planning Permission. Town and Country Planning Act 1990

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.

1. Applicant Name, Address and Contact Details

Title:	Mr	First name:	Graham	Surname:	Mills
Company name	Great Ormond Street Hospital for Children				
Street address:	Level 4, York House		Country Code	National Number	Extension Number
	Great ormond Street		Telephone number:		
			Mobile number:		
Town/City	London		Fax number:		
County:			Email address:		
Country:					
Postcode:	wc1n 3jh				
Are you an agent acting on behalf of the applicant? <input checked="" type="radio"/> Yes <input type="radio"/> No					

2. Agent Name, Address and Contact Details

Title:	Mr	First Name:	Chris	Surname:	Grayson
Company name:	Watkins Gray International LLP				
Street address:	Colechurch House		Country Code	National Number	Extension Number
	1 London Bridge Walk		Telephone number:	020	7940 8469
			Mobile number:		
Town/City	London		Fax number:		
County:			Email address:		
Country:					
Postcode:	se1 2sx		chris.grayson@wgi.co.uk		

3. Description of the Proposal

Please describe the proposed development including any change of use:

The proposed development consists of the conversion and expansion of existing hospital wards areas at first floor level to provide two new Intervention Radiology Theatres and a Post Anesthetic Care Unit. The limited additional space that is required to achieve this is provided by extending the building at the first floor level. The proposal also includes the enclosure of an internal courtyard to provide a covered play space.

Has the building, work or change of use already started? ☐ Yes ☒ No

4. Site Address Details

Full postal address of the site (including full postcode where available)

House:	<input type="text"/>	Suffix:	<input type="text"/>
House name:	<input type="text" value="GREAT ORMOND STREET CHILDRENS HOSPITAL"/>		
Street address:	<input type="text" value="GREAT ORMOND STREET"/>		
	<input type="text"/>		
Town/City:	<input type="text" value="LONDON"/>		
County:	<input type="text"/>		
Postcode:	<input type="text" value="WC1N 3JH"/>		

Description of location or a grid reference
(must be completed if postcode is not known):

Easting:	<input type="text" value="530533"/>
Northing:	<input type="text" value="182041"/>

Description:

Specialist Children's Hospital

5. 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:	<input type="text" value="Mr"/>	First name:	<input type="text" value="Carlos"/>	Surname:	<input type="text" value="Martin"/>
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Reference:

Date (DD/MM/YYYY): (Must be pre-application submission)

Details of the pre-application advice received:

6. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway? ☐ Yes ☒ No

Is a new or altered pedestrian access proposed to or from the public highway? ☐ Yes ☒ No

Are there any new public roads to be provided within the site? ☐ Yes ☒ No

Are there any new public rights of way to be provided within or adjacent to the site? ☐ Yes ☒ No

Do the proposals require any diversions/extinguishments and/or creation of rights of way? ☐ Yes ☒ No

7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste? ☐ Yes ☒ No

Have arrangements been made for the separate storage and collection of recyclable waste? ☐ Yes ☒ No

8. Authority Employee/Member

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

Do any of these statements apply to you? ☐ Yes ☒ No

9. Materials

Please state what materials (including type, colour and name) are to be used externally (if applicable):

Walls - description:

Description of *existing* materials and finishes:

Brown colour coated in-fill panels with buff brick spandrel panels with grey coloured projecting bays. Brown colour coated metal framed doors and windows.

Description of *proposed* materials and finishes:

As above plus illuminated coloured glass wall panels between rendered panels for the extended floor.

9. (Materials continued)

Roof - description:

Description of *existing* materials and finishes:

Pitched: Colour coated metal.
Flat: Asphalt

Description of *proposed* materials and finishes:

Flat: Single ply membrane.

Windows - description:

Description of *existing* materials and finishes:

Brown colour coated aluminium

Description of *proposed* materials and finishes:

No change

Doors - description:

Description of *existing* materials and finishes:

Dark Brown aluminium framed glass.

Description of *proposed* materials and finishes:

No Change

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?

☒ Yes ☐ No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

10. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

Type of vehicle	Existing number of spaces	Total proposed (including spaces retained)	Difference in spaces
Cars	0	0	0
Light goods vehicles/public carrier vehicles	0	0	0
Motorcycles	50	50	0
Disability spaces	0	0	0
Cycle spaces	0	0	0
Other (e.g. Bus)	4	4	0
Short description of Other	Ambulance		

11. Foul Sewage

Please state how foul sewage is to be disposed of:

Mains sewer ☒ Package treatment plant ☐ Unknown ☐
Septic tank ☐ Cess pit ☐

Other

Are you proposing to connect to the existing drainage system?

☒ Yes ☐ No ☐ Unknown

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

12. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

☐ Yes ☒ No

If Yes, you will need to submit an appropriate flood risk assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?

☐ Yes ☒ No

Will the proposal increase the flood risk elsewhere?

☐ Yes ☒ No

How will surface water be disposed of?

☐ Sustainable drainage system ☒ Main sewer ☐ Pond/lake
☐ Soakaway ☐ Existing watercourse

13. Biodiversity and Geological Conservation

To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.

Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, OR on land adjacent to or near the application site:

- a) Protected and priority species
- ☐ Yes, on the development site ☐ Yes, on land adjacent to or near the proposed development ☒ No
- b) Designated sites, important habitats or other biodiversity features
- ☐ Yes, on the development site ☐ Yes, on land adjacent to or near the proposed development ☒ No
- c) Features of geological conservation importance
- ☐ Yes, on the development site ☐ Yes, on land adjacent to or near the proposed development ☒ No

14. Existing Use

Please describe the current use of the site:

Hospital and associated functions

Is the site currently vacant? ☐ Yes ☒ No

Does the proposal involve any of the following?
If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated? ☐ Yes ☒ No

Land where contamination is suspected for all or part of the site? ☐ Yes ☒ No

A proposed use that would be particularly vulnerable to the presence of contamination? ☐ Yes ☒ No

15. Trees and Hedges

Are there trees or hedges on the proposed development site? ☐ Yes ☒ No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? ☐ Yes ☒ No

If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to construction - Recommendations'.

16. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? ☒ Yes ☐ No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste:

Any clincial, sharpes and other waste associated with the new faciliteis will be added to the Hospital's existing waste management process.

17. Residential Units

Does your proposal include the gain or loss of residential units? ☐ Yes ☒ No

18. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace? ☒ Yes ☐ No

Use class/type of use		Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Total gross new internal floorspace proposed (including changes of use) (square metres)	Net additional gross internal floorspace following development (square metres)
A1	Shops Net Tradable Area	0.0	0.0	0.0	0.0
A2	Financial and professional services	0.0	0.0	0.0	0.0
A3	Restaurants and cafes	0.0	0.0	0.0	0.0
A4	Drinking establishments	0.0	0.0	0.0	0.0
A5	Hot food takeaways	0.0	0.0	0.0	0.0
B1 (a)	Office (other than A2)	0.0	0.0	0.0	0.0
B1 (b)	Research and development	0.0	0.0	0.0	0.0
B1 (c)	Light industrial	0.0	0.0	0.0	0.0
B2	General industrial	0.0	0.0	0.0	0.0

18. All Types of Development: Non-residential Floorspace (continued)

B8	Storage or distribution	0.0	0.0	0.0	0.0
C1	Hotels and halls of residence	0.0	0.0	0.0	0.0
C2	Residential institutions	0.0	0.0	0.0	0.0
D1	Non-residential institutions	0.0	0.0	0.0	0.0
D2	Assembly and leisure	0.0	0.0	0.0	0.0
Other	Please Specify	0.0	0.0	0.0	0.0

For hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms:

Use Class	Types of use	Existing rooms to be lost by change of use or demolition	Total rooms proposed (including changes of use)	Net additional rooms
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19. Employment

If known, please complete the following information regarding employees:

	Full-time	Part-time	Equivalent number of full-time
Existing employees	3381	256	170
Proposed employees	3381	256	170

20. Hours of Opening

If known, please state the hours of opening for each non-residential use proposed:

Use	Monday to Friday		Saturday		Sunday and Bank Holidays		Not Known
	Start Time	End Time	Start Time	End Time	Start Time	End Time	
D1	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	<input type="checkbox"/>

21. Site Area

What is the site area?

3,033

sq.metres

22. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

Incidental to the new hostial facilities we are providing new ventilation plant for the Theatres and the Post Anesthetic Care Unit. The main air handling units are being located in an inner courtyard and a secondary unit is located over the ambulance entrance in Powis Place.

Is the proposal for a waste management development?

☐ Yes

☒ No

23. Hazardous Substances

Is any hazardous waste involved in the proposal?

☐ Yes

☒ No

24. 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? (Please select only one)

☐ The agent

☒ The applicant

☐ Other person

25. Certificates (Certificate A)

Certificate of Ownership - Certificate A

Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of any part of the land or building to which the application relates.

Title:

Mr

First name:

Christopher

Surname:

Grayson

Person role:

Agent

Declaration date:

04/04/2012

☒ Declaration made

25. Certificates (Agricultural Land Declaration)

Agricultural Land Declaration

Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

Agricultural Land Declaration - You Must Complete Either A or B

(A) None of the land to which the application relates is, or is part of an agricultural holding.



(B) I have/The applicant has given the requisite notice to every person other than myself/the applicant who, on the day 21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below:



If any part of the land is an agricultural holding, of which the applicant is the sole tenant, the applicant should complete part (B) of the form by writing 'sole tenant - not applicable' in the first column of the table below

Title:	<input type="text" value="Mr"/>	First Name:	<input type="text" value="Christopher"/>	Surname:	<input type="text" value="Grayson"/>
Person role:	<input type="text" value="Agent"/>	Declaration date:	<input type="text" value="04/04/2012"/>	<input checked="" type="checkbox"/>	Declaration Made

26. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.



Date	<input type="text" value="04/04/2012"/>
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