

**Planning Services** Camden Town Hall Argyle Street London WC1H 8EQ Telephone : 020 7974 1911 Fax

Email (enquiries only): env.devcon@camden.gov.uk : 020 7974 5713

For office use Date Payee App. No.

Fee

## Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

## 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.

Please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applicant Name and Address		2. Agent Name and Address
Title:	First name:	Title: First name:
Last name:		Last name:
Company (optional):		Company (optional): CB Richard Ellis
Unit:	Institute) House House suffix:	Unit: House House suffix:
House name:		House Henrietta House
Address 1:	Gibbs Building	Address 1: Henrietta Place
Address 2:	215 Euston Road	Address 2:
Address 3:		Address 3:
Town:	London	Town: London
County:		County:
Country:		Country:
Postcode:	NW1 2BE	Postcode: W1G 0NB

3. Site Ac	ddress Details	re-application Advice				
Please provide the full postal address of the application site.			ssistance or prior advice been sought from the local			
Unit:	House House suffix:	autho	prity about this application? Yes X No			
House name:	UKCMRI		please complete the following information about the advice vere given. (This will help the authority to deal with this			
Address 1:	Site R/O British Library	appli	cation more efficiently). e tick if the full contact details are not			
Address 2: Brill Place		know	n, and then complete as much as possible:			
Address 3:		Offic	er name:			
Town:	London	Refe	rence:			
County:						
Postcode (optional):	NW1	(must	Date (DD/MM/YYYY):			
Description of location or a grid reference. (must be completed if postcode is not known):			ils of pre-application advice received?			
Easting:	Northing:					
Description: Land to south Brill Place between Midland Road and Ossulston Street						
	)					
<ul> <li>5. Description Of Your Proposal</li> <li>Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:</li> <li>Development to provide a biomedical research centre including laboratory and research space, lecturing and teaching space, exhibition space and a community facility; landscaped public open spaces; a new pedestrian route between Midland Road and Ossulston Street; a service entrance off Brill Place and a relocated vehicular access from Midland Road to serve the British Library.</li> </ul>						
service en	trance of Bhill Flace and a relocated venicular access from	Midiand	Road to serve the British Library.			
Reference n	number: 2010/4721/P Date of decision:	10/03/2	(Date must be pre-application submission) (DD/MM/YYYY)			
Please state	e the condition number(s) to which this application relate	s:				
1.	19	6.				
2.		7.				
3.		8.				
4.		9.				
5.		10.				
Has the dev	velopment already started?		X Yes No			
If Yes, please state when the development started (DD/MM/YYYY):			18/7/2011 (date must be pre-application submission)			
Has the dev	velopment been completed?		Yes X No			
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)						
6. Discharge Of Condition						
Please provide a full description and/or list of the materials/details that are being submitted for approval:						
See attached letter						
7. Part Discharge Of Condition(s)						
Are you seeking to discharge only part of a condition? Yes X No If Yes, please indicate which part of the condition your application relates to:						
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8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.						
The original and 3 copies of a The original and dated application form:	original and 3 copies of other plans and drawings formation necessary to describe the subject of the application:					
The correct fee:						
9. Declaration         I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.         Signed - Applicant:       Or signed - Agent:         Date (DD/MM/YYYY):						
25/11/2011 (date cannot be pre-application)						
<b>10. Applicant Contact Details</b> Telephone numbers         Country code:       National number:         44       0800 028 6731         Country code:       Mobile number (optional):         Country code:       Fax number (optional):         Country code:       Fax number (optional):         Email address (optional):       Imfo@ukcmri.ac.uk	<b>11. Agent Contact Details</b> Telephone numbers       Extension number:         Country code:       National number:       number:         44       020 7182 2779					
<b>12. Site Visit</b> Can the site be seen from a public road, public footpath, bridleway or other public land?       X Yes       No         If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? ( <i>Please select only one</i> )       X Agent       Applicant       Other (if different from the agent/applicant's details)         If Other has been selected, please provide:						