

Application for Planning Permission. Town and Country Planning Act 1990

Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council's planning department.

2. Agent Name and Address

Please complete using block capitals and black ink.

1. Applicant Name and Address

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

Title:	MR First name: LICHARD	Title:	First name:					
Last name:	BRAYBROOK	Last name:						
Company (optional):	UNIVERSITY COLLEGE LONDON	Company (optional):						
Unit:	House number: House suffix:	Unit:	House number: House suffix:					
House name:		House name:						
Address 1:	GOWER STREET	Address 1:						
Address 2:	-	Address 2:						
Address 3:	1	Address 3:						
Town:	LONDON	Town:						
County:		County:						
Country:	U·K	Country:						
Postcode:	WCIE GBT	Postcode:						
3. Descrip	otion of the Proposal							
Please desci	ribe the proposed development, including any change o	f use:						
F	PROPOSED ALTERATIONS TO EXIS	TONG A/	C PLANT					
INCLUDING INSTALLATION OF VENTILATION GRILLES.								
Has the build	ding, work or change of use already started?	Yes	☐ No					
	state the date when building, were started (DD/MM/YYYY):	9/2009	(date must be pre-application submission)					
	ing, work or change of use been completed?	Yes	⊘ No					
	Yes, please state the date when the building, work or change of use was completed: (DD/MM/YYYY): (date must be pre-application submission)							
ang a sa a kana a sa galagan Protosylaga Protosylaga Protosylaga	and the support of th	and the special streets of the special street	\$0340, 2007 (08/73-15/2003-££Davisian-1-74-£					

4. Site Address Details	5. Pre-application Advice
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?
Unit: /23 House number: House suffix:	authority about this application? Yes No
House name: EASTMAN DENTAL INSTITUTE CPD	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
Address 1: GRAYS INN ROAD	application more efficiently).
Address 2:	Please tick if the full contact details are not known, and then complete as much as possible:
Address 3:	Officer name:
Town: LOHOON	
County:	Reference:
Postcode (optional): WCIX BWP	
Description of location or a grid reference. (must be completed if postcode is not known):	Date (DD/MM/YYYY): (must be pre-application submission)
Easting: Northing:	Details of pre-application advice received?
Description:	
6. Pedestrian and Vehicle Access, Roads and Rights of Way	7. Waste Storage and Collection
Is a new or altered vehicle access proposed to or from the public highway?	Do the plans incorporate areas to store and aid the collection of waste?
Is a new or altered pedestrian	If Yes, please provide details:
access proposed to or from the public highway? Yes No	
Are there any new public roads to be provided within the site?	
Are there any new public	
rights of way to be provided within or adjacent to the site?	
Do the proposals require any diversions	Have arrangements been made
/extinguishments and/or creation of rights of way?	for the separate storage and collection of recyclable waste?
If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan	If Yes, please provide details:
(s)/drawings(s)	
8. Neighbour and Community Consultation	9. Council Employee / Member
Have you consulted your neighbours or	Is the applicant or agent related to any member of staff or elected
the local community about the proposal? Yes Y	member of the council?
If Yes, please provide details:	member of the council? If Yes, please provide details:

10. Materials If applicable, please stat	e what materials are to be used extern	nally. Include type, colour and name for ea	ch material	:			
	Existing (where applicable)	Proposed	Not applicable	Don't Know	Drawing references if applicable		
Walls							
Roof							
Windows							
Doors							
Boundary treatments (e.g. fences, walls)							
Vehicle access and hard-standing							
Lighting							
Others (please specify)	GREY CONDUSER UNIT	DARIL BROWZE CRILLES MATCH REAR WINDOWS	170				
Are you supplying add	tional information on submitted plan(s)/drawing(s)/design and access statemen	t?	V	es No		
	ences for the plan(s)/drawing(s)/desig						
347/2/20, 21, 22, 23, 24 9 25 UCL ACCESS SMITHING							
1. Vehicle Parkin	g mation on the existing and proposed r	number of on site parking spaces					
Type of Vehicl	Total	Total proposed (including spaces retained)		Differe in spa			
Cars							
Light goods vehi	cles/ icles						
Motorcycles	N/A	NIA		N/N	7		
Disability space							
Cycle spaces							
Other (e.g. Bu	5)		1/				
Other (e.g. Bu	s)						

12. Foul Sewage	13. Assessment of Flood Risk
Please state how foul sewage is to be disposed of: Mains sewer Cess pit	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.)
Septic tank Other	Yes V No
Package treatment plant	If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.
Are you proposing to connect to the existing drainage system? Yes No	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes No
If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)./drawing(s):	Will the proposal increase the flood risk elsewhere?
	How will surface water be disposed of?
H/A	Sustainable drainage system Existing watercourse
	Soakaway Pond/lake
	Máin sewer
14. Biodiversity and Geological Conservation	15. Existing Use
Is there a reasonable likelihood of the following being affected	Please describe the current use of the site:
adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?	CPO TEACHING OBJAL PRACTICE
a) Protected and priority species:	
Yes, on the development site	Is the site currently vacant? Yes No
Yes, on land adjacent to or near the proposed development	If Yes, please describe the last use of the site:
No	N/A
b) Designated sites, important habitats or other biodiversity features:	
Yes, on the development site	When did this use end (if known)? DD/MM/YYYY (date where known may be approximate)
Yes, on land adjacent to or near the proposed development	
No	Does the proposal involve any of the following: Land which is known to be contaminated? Yes No
c) Features of geological conservation importance:	Land where contamination is suspected for all or part of the site?
Yes, on the development site	A proposed use that would
Yes, on land adjacent to or near the proposed development	be particularly vulnerable to the presence of contamination?
✓ No	If you have answered Yes to any of the above, you will need to submit an appropriate contamination assessment.
16. Trees and Hedges	17. Trade Effluent
Are there trees or hedges on the proposed development site? Yes No	Does the proposal involve the need to dispose of trade effluents or waste? Yes No
And/or: Are there trees or hedges on land adjacent to the	If Yes, please describe the nature, volume and means of disposal of trade effluents or waste
proposed development site that could influence the development or might be important as part of the local landscape character?	of trade endents of waste
If Yes to either or both of the above, you will need to provide a full Tree Survey, with accompanying plan before your application can be determined. 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'.	

18. Residential Units (Including Conversion) Does your proposal include the gain, loss or change of use of residential units? If Yes, please complete details of the changes in the tables below:															
	Propos	ed I	Hous	ing					Exist	ing l	lous	ing			
Market	Not		Numl	oer of	Bedr	ooms	Total	Market	Not		Numl	per of	Bedre	ooms	Total)
Housing	known	1	2	3	4+	Unknown		Housing	known	1	2	3	4+	Unknown	
Houses								Houses							
Flats and maisonettes							-	Flats and maisonettes							
Live-work units								Live-work units							
Cluster flats				ļ		<u> </u>	<u> </u>	Cluster flats					L_,	/	
Sheltered housing							-	Sheltered housing					/		
Bedsit/studios			ļ					Bedsit/studios			<u> </u>	/			
Unknown type			<u> </u>		<u> </u>			Unknown type			L,	_			
	To	otals	(a + b	+ + + +	d+e	+f+g)=	<u> </u>		T	otals	(a +/b	+ C +	d + e	+f+g)=	
	r				<u> </u>		T	·	<u> </u>	-/	<u> </u>		D = d=	ooms	Total
Social Rented	Not known	1	Numl 2	per of		ooms Unknown	Total	Social Rented	Not known		Numi 2	per of		Unknown	Total
Houses				-				Houses	Ø						
Flats and maisonettes								Flats and maisonettes							
Live-work units								Live-work units				-			
Cluster flats								Cluster flats							
Sheltered housing						1		Sheltered housing							
Bedsit/studios								Bedsit/studios							
Unknown type								Unknown type							
	To	otals	(a + b	+ c +	d + e	+f+g)=			Т	otals	(a + b	+ C +	d + e	+ f + g) =	
Intermediate	Not known	1	Numl 2	oer of	Bedr 4+	ooms Unknown	Total	ii intermediate i	Not known		Numl 2	oer of		ooms Unknown	Total
Houses							/	Houses							
Flats and maisonettes							<u> </u>	Flats and maisonettes			<u> </u>				
Live-work units								Live-work units							
Cluster flats						/		Cluster flats			<u></u>				
Sheltered housing								Sheltered housing			L				<u> </u>
Bedsit/studios				/				Bedsit/studios			ļ				
Unknown type							<u> </u>	Unknown type							
	To	otals	(a + b	/+ c +	d + e	+f+g)=			T	otals	(a + b	+ (+	d + e	+f+g)=	<u> </u>
					n - 1		Total		T	r	Nicon	201 -5	Dod.	ooms	Total
Key worker	Not known	1	Numi 2	oer or		ooms Unknown	+	Key worker	Not known	1	2	3		Unknown	TOtal
Houses		<i></i>	<u> </u>					Houses							
Flats and maisonettes								Flats and maisonettes							
Live-work units	7			-			<u> </u>	Live-work units							
Cluster flats			-					Cluster flats							
Sheltered housing			 					Sheltered housing							
Bedsit/studios/					 			Bedsit/studios		-	<u> </u>		-		
Unknown type								Unknown type							
/ / / / / / / / / / / / / / / / / / /		otals	(a + b	+ (+	d + e	+f+g)=		,,,	T	otals	(a + b	+ (+	d + e	+f+g)=	
Total proposed r						+ D) =	\Box	Total existing	resider	ntial (units	(E +	F + C	5 + H) =	<u> </u>
TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):															

Does your proposal involve the loss, gain or change of use of non-residential floorspace Yes No	19. All Types of Development: Non-residential Floorspace								
Use class/type of use Section of the property of the propert								√ No	
Use class/type of use Internal floorspace to be lost by Anape of use)(square metres) Section of the content of use)(square metres) Section of the content of use)(square metres) Section of u	If you	u have answered Yes to th						N 1192	
Net tradable area:	Us	e class/type of use	Not applicable	Existing gross internal floorspace (square metres)	to be lost by use or den	change of nolition	floorspace proposed (including change of	internal floorspace following development	
A2 Financial and professional services	A1	Shops							
A3 Restaurants and cafes									
A4 Drinking establishments	A2	Financial and professional services							
A5 Hot food takeaways	А3	Restaurants and cafes							
B1 (a) Office (other than A2)	A4	Drinking establishments							
B1 (b)	A5	Hot food takeaways							
B1 (c)	B1 (a)								
B2 General industrial	B1 (b)						/		
Storage or distribution	B1 (c)	Light industrial							
C1 Hotels and halls of residence C2 Residential institutions D3 Assembly and leisure OTHER Please specify Total In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Use Specify Existing rooms to be lost by change of use or demolition Full-time Part-time Part-time Part-time Part-time Part-time Sunday and Bank Holidays Not known Sunday and Bank Holidays Not known Not known Not known Not known Saturday Not known Not known Not known Saturday Saturday Not known	B2	General industrial				_/_			
C2 Residential institutions	B8	1			,				
D1	C1	<u>residence</u>							
D2 Assembly and leisure OTHER Please specify OTHER Please stating or the specific of use or demolition of use or demolition OTHER Please state the hours of opening for each non-residential use proposed: OTHER Please state the hours of opening for each non-residential use proposed: OTHER Please state the hours of opening for each non-residential use proposed: OTHER Please state the hours of opening for each non-residential use proposed: OTHER Please state the hours of opening for each non-residential use proposed: OTHER Please state the hours of opening for each non-residential use proposed:	C2								
OTHER Please specify	D1	institutions							
Total In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Use class Type of use applicable Type of use applicable Of use or demolition Total rooms proposed (including changes of use) Net additional rooms Not known Please complete the following information regarding employees: Full-time Part-time Total full-time equivalent equivalent Please state the hours of Opening Please state the hours of opening for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known	D2								
In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Use Type of use Not applicable Existing rooms to be lost by change of use or demolition Total rooms proposed (including changes of use) Net additional rooms	OTHER	Please specify							
In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Use Type of use Not applicable Existing rooms to be lost by change of use or demolition Total rooms proposed (including changes of use) Net additional rooms				/					
Use class Type of use applicable of use or demolition or demolition of use or demolition of use or demolition or demolition of use or demolition or demolities or demolition or demolities or demoliti	In ad-	dition for hotels resident	ial ins	titutions and ho	stels, please add	ditionally inc	licate the loss or gain of	rooms	
C1 Hotels	Use	- Not	Existi	ng rooms to be I	ost by change	Total room	s proposed (including		
C2 Residential Institutions Other Hostels C3 Description C4 Description C5 Description C6 Description C7 Description C8 Description C9 De	class	applicable		or use or dem	olition	<u> </u>	langes of use)		
Other Hostels 20. Employment Please complete the following information regarding employees: Full-time Part-time Total full-time equivalent Existing employees Proposed employees Proposed employees Please state the hours of opening for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known Monday to Friday Saturday Sunday and Bank Holidays Not known	62	Residentia							
20. Employment Please complete the following information regarding employees: Full-time Part-time equivalent Existing employees Proposed employees Proposed employees Please state the hours of opening for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known									
Please complete the following information regarding employees: Full-time Part-time Total full-time equivalent Not known Existing employees Proposed employees Please state the hours of opening for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known									
Existing employees Proposed employees Proposed employees Please state the hours of opening for each non-residential use proposed: Use Monday to Friday Saturday Bank Holidays Not known Monday to Friday					nnlove se:				
Existing employees Proposed employees 21. Hours of Opening Please state the hours of opening for each non-residential use proposed: Use Monday to Friday Saturday Sanday and Bank Holidays Not known	Please co	omplete the following info	ormat			time		Not known	
Proposed employees 21. Hours of Opening Please state the hours of opening for each non-residential use proposed: Use Monday to Friday Saturday Sanday and Bank Holidays Not known	Essi			Part-time equivalent		equivalent	HOURIDANI		
21. Hours of Opening Please state the hours of opening for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known	i								
Please state the hours of opening for each non-residential use proposed: Use Monday to Friday Saturday Sank Holidays Not known **Mathematical Company Saturday Bank Holidays Not known **Mathematical Company Saturday Bank Holidays Not known **Mathematical Company Saturday Bank Holidays Not known									
Use Monday to Friday Saturday Sunday and Bank Holidays Not known									
Use Monday to Friday Saturday Bank Holidays Not known	Pleas						Sunday and	Net les au	
/		Use Mo	onday	to Friday	Saturday	/	Bank Holidays	NOT KNOWN	
					<i></i>	V/A			
						-			
72 Site Δrea									

0.0259 ha

Please state the site area in hectares (ha)

23. Industrial or Commercial Proce	sses	and Machine	ery				
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:							
Is the proposal a waste management development? Yes No							
If the answer is Yes, please complete the following	owing	g table:					
	Not applicable	including engir allowance for	acity of the void in cubic metres, neering surcharge and making no cover or restoration material (or id waste or litres if liquid waste)	Maximum annual operational throughout in tonnes (or litres if liquid waste)			
Inert landfill							
Non-hazardous landfill							
Hazardous landfill							
Energy from waste incineration							
Other incineration							
Landfill gas generation plant							
Pyrolysis/gasification							
Metal recycling site							
Transfer stations							
Material recovery/recycling facilities (MRFs)							
Household civic amenity sites							
Open windrow composting			/				
In-vessel composting							
Anaerobic digestion							
Any combined mechanical, biological and/ or thermal treatment (MBT)							
Sewage treatment works		/					
Other treatment							
Recycling facilities construction, demolition	石						
and excavation waste Storage of waste		<u> </u>					
Other waste management	片						
Other developments	H						
Please provide the maximum annual operati	اليا ional	hrouahput of th	ne following waste streams:				
Municipal			T				
Construction, demolition and e	xcava	ntion					
Commercial and industr							
Hazardous							
If this is a landfill application you will need to planning authority should make clear what	o prov inforr	vide further infor nation it require	rmation before your application car s on its website.	n be determined. Your waste			
24. Hazardous Substances							
Does the proposal involve the use or storage of any of the following materials in the quantities stated below? Yes No Not applicable							
If Yes, please provide the amount of each sul							
Acrylonitrile (tonnes)	E	thylene oxide (to	onnes)	Phosgene (tonnes)			
Ammonia (tonnes)	-	ogen cyanide (to		lphur dioxide (tonnes)			
Bromine (tonnes)	ı	iquid oxygen (to	onnes)	Flour (tonnes)			
Chlorine (tonnes)	Hid b	petroleum gas (to	onnes) Refined	d white sugar (tonnes)			
Other:			Other:				
Amount (tonnes)			Amount (tonnes):				

\$Date: 2007/08/22 15:20:03 \$ \$Pevision: 1 24 \$

25. Certificates						
One Certificate A, B, C, or D, must be	completed, to	gether with the Agricultu TE OF OWNERSHIP - CERT	ral Holdings Certificate IFICATE A	with this application form		
Town and Country Plan I certify/The applicant certifies that on thowner (owner is a person with a freehold in which the application relates.	ning (General D	Pevelopment Procedure)	Order 1995 Certificate (/self/ the applicant was the		
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):		
	CERTIFICAT	E OF OWNERSHIP - CERT	IFICATE B			
Town and Country Plan I certify/ The applicant certifies that I ha 21 days before the date of this application (left to run) of any part of the land or build	ning (General Dive/the applicant notes in the course of th	evelopment Procedure) (has given the requisite no er (owner is a person with a f	Order 1995 Certificate (tice to everyone else (as	: listed below) who, on the day		
Name of Owner		Address		Date Notice Served		
MR CHARLES JOHN D WOOD	19, B CONDO	BRKLEY STRE N WIT BED	LET	30/09/200		
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):		
Brandook				30/09/200		
I certify/ The applicant certifies that: Neither Certificate A or B can be issu All reasonable steps have been taken interest or leasehold interest with at le unable to do so. The steps taken were:	ed for this applic	names and addresses of the	e other owners <i>(owner i</i> s	a person with a freehold		
Name of Owner		Address		Date Notice Served		
Notice of the application has been publi (circulating in the area where the land is	shed in the follow	wing newspaper	On the following date than 21 days before th	(which must not be earlier ne date of the application):		
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):		
✓						

25. Certificates (continued)			
	CERTIFICATE OF OWNERS		
Town and Country Plann I certify/ The applicant certifies that:	ing (General Development P	rocedure) Order 1995 Certificate un	der Article /
§ Certificate A cannot be issued for this.	application		
§ All reasonable steps have been taken this application, was the owner (owne	to find out the names and add	resses of everyone else who, on the de rest or leasehold interest with at least 7:	years left to run) of any part
of the land to which this application re	elates, but I have/the applicant	t has been unable to do so.	years territo runny or unly pure
The steps taken were:			
Notice of the application has been publish	and in the fettowing newspane	On the following date (which must not be earlier
(circulating in the area where the land is s	ituated):	than 21 days before the	date of the application):
Signed - Applicant:	Or signed - Ag	gent:	Date (DD/MM/YYYY):
	AGRICULTURAL HOLDIN	IGS CERTIFICATE	
Town and Country Planni	ng (General Development Pr	ocedure)Order 1995 Certificate und	ler Article 7
Agricultural Land Declaration - You Must C (A) None of the land to which the appl	omplete Either A of B ication relates is, or is part of, a	n agricultural holding.	
Signed - Applicant:	Or signed - Ag	-	Date (DD/MM/YYYY):
DATE I b			30/09/2009
Chay brook			30/ 1/20)
B) I have/ The applicant has given the	requisite notice to every perso	on other than myself/ the applicant w	no, on the day21 days
before the date of this application, was a salisted below:	tenant of an agricultural holdin	ng on all or part of the land to which th	nis application relates,
Name of Tenant		Address	Date Notice Served
Name of Tenant		Address	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	•		
Signed - Applicant:	Or signed - Ag	gent:	Date (DD/MM/YYYY):
26. Planning Application Require			
Please read the following checklist to mak information required will result in your ap	e sure you have sent all the info	ormation in support of your proposal. Let will not be considered valid until a	Failure to submit all
the Local Planning Authority has been sub	mitted.		
•		The correct fee:	
3 copies of a completed and dated applica	Idion form:	3 copies of a design and access stat	ement:
3 copies of the plan which identifies the la	nd to which	3 copies of the completed, dated A	rticle 7
the application relates drawn to an identif scale and showing the direction of North:	ied	Certificate (Agricultural Holdings):	
-		3 copies of the completed, dated	
3 copies of other plans and drawings or int	formation	Ownership Certificate (A, B, C, or D	- as applicable):
nacaccamita daccina tha cumiaci at tha ar	photon.		
necessary to describe the subject of the ap			
27. Declaration			
27. Declaration /we hereby apply for planning permission	/consent as described in this fo	orm and the accompanying plans/dra	wings and additional
27. Declaration /we hereby apply for planning permission of the properties of the pr			
27. Declaration /we hereby apply for planning permission	Or signed - Agent:	Date (DD/I	

28. Applicant Contact Details	29. Agent Contact Details
Telephone numbers	Telephone numbers
Country code: National number: 44	Country code: National number: Extension number: Country code: Mobile number (optional):
Country code: Fax number (optional):	Country code: Fax number (optional):
Email address (optional):	Email address (optional):
1. braybrook@ UCL. A E. UK	
30. Site Visit	
Can the site be seen from a public road, public footpath, bridleway o	r 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)	Applicant Other (if different from the agent/applicant's details)
If Other has been selected, please provide: Contact name:	Telephone number:
R. A. BRAYBROOK	020 7679 1242
Email address: r. braybrook@ ucc. ac. uk	