

PART I

T.P.1
PART 1

TOWN AND COUNTRY PLANNING ACT, 1962
APPLICATION FOR PERMISSION TO DEVELOP LAND

For office use only

Borough reference CIP/MIS/4/B
G.L.C. reference _____
Registered number 3516
Date received 13-4-67
Copies required ✓

1. Name and address of applicant (i.e. developer)
(IN BLOCK LETTERS)

Name Eastman Dental Hospital,

Address Gray's Inn Road,

London, W.C.1.

Applicant's telephone number TERminus 7251

(If applicable) Name and Address of applicant's agent to whom notices or other documents in respect of this application should be sent Watkins Gray Group 2, Architects, 76 Jermyn Street, St. James's,

London, S.W.1.

Agent's telephone number 01/930/0981

We hereby apply for permission to carry out the development described in this application and on the attached plans and drawings.

Signed WATKINS GRAY GROUP 2. on behalf of EASTMAN DENTAL HOSP. Date 10.4.67.

2. Full address or location of the land to which application relates.

Eastman Dental Hospital,
Gray's Inn Road,
London, W.C.1.

3. (a) Brief particulars of the proposed development including the purpose or purposes for which the land and/or buildings are to be used.

(a) Transformer Chamber.

(b) State what the proposal involves. (Delete the items which do not apply.)

(b) (i) New building
(ii) ~~Alterations~~
(iii) ~~Change of use~~
(iv) ~~Development for a purpose other than that specified in the application~~

(c) Is this application submitted as:-
(See notes)

(c) (i) An application for full planning permission
(ii) ~~An application for a limited period only~~
(iii) ~~An application under section 10 of the Act~~

4. State the purpose or purposes for which the land and/or buildings:-

(a) are now used
(b) if vacant, were last used and the period of use
(c) were used on 1st July, 1948, if known

(a) Dental Hospital.
(b) N/A
(c) Dental Hospital

5. State whether the proposed development involves the construction of a new, or the alteration of an existing, access to or from a highway, (a) pedestrian, (b) vehicular, (c) both.

(a) New access (for pedestrians only) from Gray's Inn Road.
(b) _____
(c) _____

6. State whether permission is desired for permanent development or use, or for a limited period, and if the latter for what period.

Permanent Development

7. List of drawings and plans submitted with the application. (See notes).

3474/1A, 2A, 3, 4, 5.
D/903/1 7930/FL.

8. (a) State gross floor area of proposed building/s.
(b) State gross area of land or building/s affected by proposed change of use (if more than one use involved please state gross area of each use).

(a) 165 sq. ft. approx.
(b) 180 sq. ft. approx.

CERTIFICATE UNDER SECTION 16 OF THE TOWN AND COUNTRY PLANNING ACT, 1962

CERTIFICATE A. (See notes)

I hereby certify

- that WATKINS GRAY GROUP 2 the estate owner in respect of the fee simple* of every part of the land to which this application relates
- that none of the land to which the application relates constitutes or forms part of an agricultural holding.

Signed WATKINS GRAY GROUP 2 on behalf of EASTMAN DENTAL HOSP. Date 10.4.67.

* Delete as appropriate