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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 Planning (Listed Buildings and Conservation Areas) 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:	First name:	Surname:				
Company name	UCLH CHARITY					
Street address:	c/o agent		Country Code	National Number	Extension Number	
		Telephone number:				
		Mobile number:				
Town/City		Fax number:				
County: Country:	United Kingdom	 Email address:] [
Postcode:						
Are you an agent acting on behalf of the applicant? Yes No 2. Agent Name, Address and Contact Details						
Title: Mr	First Name: Brendan	Surname: Tim	nlin			
Company name:	Llewelyn Davies					
Street address:	44-46 Whitfield St	Telephone number:	Country Code	National Number 07810386121	Extension Number	
		Mobile number:				
Town/City	London W1T 2RJ	Fax number:				
County:						
Country:		Email address:				
Postcode:	W1T 2RJ	b.timlin@ldavies.com				

3. Site Address	Details					
Full postal address	of the site (including full postcode where available) Description:					
House:	170 Suffix:					
House name:	Institute of Sport Exercise & Health					
Street address:	Tottenham Court Road					
Town/City:	London					
County:						
Postcode:	W1T 7HA					
	ion or a grid reference d if postcode is not known):					
Easting:	529417					
Northing:	182068					
4. Pre-applicat						
Has assistance or p	rior advice been sought from the local authority about this application? O Yes No					
5. Description of	of Proposal					
Please provide a de	scription of the approved development as shown on the decision letter:					
	st and second floor level from offices (Class B1) to non residentail institution (The Institute of Sports, Exercise and Health) (Class D!), removal and					
replacement of 1 x window and installation of quench pipe for mRI exhaust on east elevation at second floor level and installation of 2 x louvred panels on east elevation at first floor level.						
Application reference number: ref 2012/0962/P Date of decision: 04/05/2012						
Please state the condition number(s) to which this application relates:						
Condition number(s):						
Condition 8						
Has the development already started? • Yes • Yes • No If Yes, please state when the development was started: 21/10/2012 21/10/2012						
Has the development been completed? • Yes • No If Yes, please state when the development was completed: 28/03/2013 28/03/2013						
6. Discharge of Condition(s)						
Please provide a full description and/or list of the materials/details that are being submitted for approval: Checklist criteria contained in Appendix 1 of CPG3 Chapter 4 and supporting documentation						
7 Part Dischar	ge of Condition(s)					
Are you seeking to discharge only part of a condition? O Yes No						
8. Site Visit						
Can the site be seen from a public road, public footpath, bridleway or other public land?						
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						
9. Declaration						
I/we hereby apply for planning permission/consent as described in this form 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. Date 17/07/2014						