

Email: planning@camden.gov.uk
 Phone: 020 7974 4444
 Fax: 020 7974 1680

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:	Mr	First name:	Keith	Surname:	Lawrence
Company name:	Health Mangement (UCLH) Plc				
Street address:	UCLH			Country Code:	
	EGA Wing Level -2			Telephone number:	
	235 Euston Road			Mobile number:	
Town/City:	London			Fax number:	
County:				Email address:	
Country:	United Kingdom				
Postcode:	NW1 2BU				
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:	Miss	First Name:	Ruth	Surname:	James
Company name:	PMDevereux				
Street address:	200 Upper Richmond Road			Country Code:	
				Telephone number:	020 87801800
				Mobile number:	079 32630856
Town/City:	London			Fax number:	
County:				Email address:	
Country:					
Postcode:	SW15 2SH				

3. Site Address Details

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

Description:

House:	<input type="text" value="235"/>	Suffix:	<input type="text"/>
House name:	<input type="text" value="University College Hospital"/>		
Street address:	<input type="text" value="Euston Road"/>		
Town/City:	<input type="text" value="London"/>		
County:	<input type="text"/>		
Postcode:	<input type="text" value="NW1 2BU"/>		

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

Easting:	<input type="text" value="529340"/>
Northing:	<input type="text" value="182306"/>

4. 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="Ms"/>	First name:	<input type="text" value="Jennifer"/>	Surname:	<input type="text" value="Walsh"/>
Reference:	<input type="text" value="2013/2824/P"/>				
Date (DD/MM/YYYY):	<input type="text" value="20/08/2014"/>	(Must be pre-application submission)			

Details of the pre-application advice received:

5. Description of Proposal

Please provide a description of the approved development as shown on the decision letter:

Proposal:
Erection of an infill extension fronting Gower Street and Beaumont Place between The Tower and the Elizabeth Garrett Anderson Wing at ground floor level, and installation of entrance and associated glazed balustrade for new drop off area on Gower Street, installation of glass canopy along Beaumont Place elevation and other reconfiguration and landscape works to existing hospital (Class C2)
Drawing Nos: Site Location Plan; photomontage by Devereaux Architects (undated); Floor area schedule for emergency dept reconfiguration by UCLH dated 24.04.2013; Light pollution impact statement by Hilson Moran dated 30.04.2013; Noise impact statement by Hilson Moran dated 30.04.2013; Planning statement by Jones Lang LaSalle dated 09.05.2013; Transport Assessment by SKM dated 03.05.2013; Waste management plan by SKM dated 02.05.2013; d-260; d-220B; d-223A; d-201B; d-221A; d-261A; d-222A; d-250A; d-251A; d-230A; d-240A; d-263A; d-210E; d-233A; d-202H; d-231A; d-232A; d-262A; d-205B; d-290C; d-270; d-271;
The Council has considered your application and decided to grant permission subject to the following condition(s):

Application reference number:	<input type="text" value="2013/2824/P"/>	Date of decision:	<input type="text" value="01/08/2014"/>
-------------------------------	--	-------------------	---

Please state the condition number(s) to which this application relates:

Condition number(s):

Has the development already started? Yes No

6. Discharge of Condition(s)

Please provide a full description and/or list of the materials/details that are being submitted for approval:

CONDITION 8 - CONTAMINATION REPORT.
CONDITION 9 - H1380-09-001, 002, THORN LUMINAIRE SCHEDULE
CONDITIONS 7, 11 - GB101010913-A-951-C1, A-952-C1, A-953-C1, A-954-C1, A-955-C1, A-956-C1, A-957-C1, L-901-C2, L-902-C2, L-910-C1, L-920-C2, L-930-C2, L-931-C1.
BALFOUR BEATTY DWGS.

7. Part Discharge of Condition(s)

Are you seeking to discharge only part of a condition? Yes No

8. 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

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

10/10/2014