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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 | University College London Hospital NHS Foundation Trust |] | | | | | | | |
| Street address: | c/0 Agent | | Country Code | National Number | Extension Number | | | | |
| | | Telephone number: | | | | | | | |
| | | Mobile number: | | | | | | | |
| Town/City County: | | Fax number: | | | | | | | |
| Country: | United Kingdom Email address: | | | | | | | | |
| Postcode: | | | | | | | | | |
| Are you an agent acting on behalf of the applicant? | | | | | | | | | |
| 2. Agent Nam | e, Address and Contact Details | | | | | | | | |
| Title: | First Name: Emily | Surname: Cochrane | | | | | | | |
| Company name: | JLL |] | | | | | | | |
| Street address: | 30 Warwick Street | 7 | Country Code | National Number | Extension Number | | | | |
| | | Telephone number: | | 0203 147 1632 | | | | | |
| | | Mobile number: | | | | | | | |
| Town/City | London | – Fax number: | | | | | | | |
| County: | | | L | | | | | | |
| Country: | United Kingdom Email address: | | | | | | | | |
| Postcode: | W1B 5NH emily.cochrane@eu.jll.com | | | | | | | | |

| 3. Site Address Details | | | | | | | | | | |
|---|-------------|--------------|------------------------|-----------------------------|---|---|--|--|--|--|
| Full postal address of the site (including full postcode where available) Description: | | | | | | | | | | |
| House: | | | Suffix: | | | | | | | |
| House name: | Former (| Odeon Site a | and Rosenheim Build | ding Site | | | | | | |
| Street address: | Grafton | Way | | | | | | | | |
| | | | | | | | | | | |
| Town/City: | London | | | | | | | | | |
| County: | Camden | 1 | | | | | | | | |
| Postcode: | WC1E 6JN | | | | | | | | | |
| Description of locat (must be completed | | | | | | | | | | |
| Easting: | Ę | 529384 | | | | | | | | |
| Northing: | 182179 | | | | | | | | | |
| 4. Pre-applicati | ion Adv | vice | | | | | | | | |
| Has assistance or prior advice been sought from the local authority about this application? | | | | | | | | | | |
| 5. Description o | f Propo | osal | | | | | | | | |
| • | • | | | | | | | | | |
| - | | | | s shown on the decision le | | | | | | |
| | | | | | provide a Proton Beam Therapy (PBT) c it (175 sq m approximate GIA) in a 7 sto | cancer treatment facility and day surgery arey | | | | |
| development above | ground | (34,596.5 sc | m GIA in total) inclu | iding roof plant, a new peo | destrian entrance on corner of Grafton V | Nay and Huntley Street, a new service | | | | |
| entrance on Huntley Street, a ground floor drop-off area off Grafton Way, and three roof gardens; and the relocation of the oxygen tanks to University Street frontage inside a new enclosure. | | | | | | | | | | |
| Application reference number: 2013/8192/P Date of decision: 22/09/2014 | | | | | | | | | | |
| Please state the condition number(s) to which this application relates: | | | | | | | | | | |
| Condition number(s): | | | | | | | | | | |
| 36 | | | <u> </u> | <u> </u> | | | | | | |
| Has the developme | nt already | y started? | C Yes | No | | | | | | |
| 6. Discharge of | Condit | tion(s) | | | | | | | | |
| Please provide a full | l descripti | ion and/or l | ist of the materials/d | letails that are being subm | itted for approval | | | | | |
| Potable Water Capa | | | | 9 | | | | | | |
| 7. Part Discharg | ge of Co | ondition(| s) | | | | | | | |
| | - | | | | | | | | | |
| Are you seeking to discharge only part of a condition? O Yes O 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 Other person | | | | | | | | | | |
| The agent | U | The applica | | | | | | | | |
| 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. | | | | | | | | | | |
| | ne genull | | or the person(s) give | ng mem. | | Date 13/05/2015 | | | | |