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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 N	lame, Address and Contact Details							
Title: Mr	First name:	Surname:						
Company name	GREAT ORMOND STREET HOSPITAL CHILDREN'S CHARITY							
Street address:	c/o 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 a	acting on behalf of the applicant? • Yes	○ No						
2. Agent Nam	e, Address and Contact Details							
Title: Miss	First Name: Alice	Surname: Broomfield						
Company name:	DP9	7						
Street address:	DP9	_ 	Country Code	National Number	Extension Number			
	100 Pall Mall	Telephone number:		0207 004 1741				
		Mobile number:						
Town/City	London	Fax number:						
County:								
Country:	United Kingdom	Email address:	Email address:					
Postcode:	SW1Y 5NQ	alice.broomfield@dp9.co.uk						

3. Site Address Details										
Full postal address of		ding full postcode wher	e available)	Desc	ription:					
House:	20	Suffix:								
House name:										
Street address:	Guilford Street									
Town/City:	London									
County:	Camden									
Postcode:	WC1N 1DZ									
Description of locat (must be completed										
Easting:	53061	1								
Northing:	182188	3								
4. Pre-applicati	on Advice									
Has assistance or pr	ior advice been	sought from the local a	uthority about this	application?		○ Yes •	No			
5. Description o	f Proposal									
Please provide a description of the approved development as shown on the decision letter:										
Erection of new hospital research building following the demolition of an existing computer facility.										
Application reference number: 2014/6068/P Date of decision: 10/06/2015										
Please state the condition number(s) to which this application relates:										
Condition number(s):										
7, 8, 12 and 15										
Has the developme	nt already starte	ed? Yes	No							
6. Discharge of	Condition(s	;)								
Please provide a full	description and	d/or list of the materials/	/datails that are he	ing submitted fo	r approval:					
		prepared by Simon Jon			і арріочаі.					
 Sustainable Urban 	Drainage Syste	ms, prepared by Pell Frister repared by Air Quality Co	schmann and dated	d 15 May 2015.	115					
			orisaltarits Eta aria	Tuated To May 2	713.					
7. Part Dischard	ge of Condit	ion(s)								
Are you seeking to discharge only part of a condition? Yes No										
8. Site Visit										
Can the site be seen	ı from a public r	oad, public footpath, br	idleway or other p	ublic land?	•	Yes No	1			
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 ap	oplicant Other	person							
9. Declaration										
		nission/consent as desc								
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 10/06/2015										
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