

Email: planning@camden.gov.uk

Phone: 020 7974 4444 Fax: 020 7974 1680 Development Management Regeneration and Planning London Borough of Camden Judd Street London WC1H 8ND

Application for Planning Permission. Town and Country Planning Act 1990

$\label{publication} \textbf{Publication of applications on planning authority websites}.$

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	ame, Address and Con	act Details						
Title: Mr	First name: Adam		Surname: Ric	hards				
Company name	Camden Town Unlimited CP							
Street address:	37 Camden High Street			Country Code	National Number	Extension Number		
	[via Symes Mews]		Telephone number:					
			Mobile number:					
Town/City	London		Fax number:					
County:			Fax number:					
Country:	United Kingdom		Email address:					
Postcode:	NW1 7JE							
Are you an agent a	cting on behalf of the applicar	nt? • Yes (No					
2. Agent Name	e, Address and Contact	Details						
Title: Mr	First Name: Fred		Surname: Dra	abble				
Company name:	Shaw Corporation Limited							
Street address:	42 Langham Street			Country Code	National Number	Extension Number		
			Telephone number:		02074090909			
			Mobile number:					
Town/City	London		Fax number:					
County:			Tax number.					
Country:	United Kingdom		Email address:					
Postcode:	W1W 7AT		fdrabble@shawcorpor	ation.com				
3. Description	of the Proposal							
Please describe the proposed development including any change of use:								
Temporary change of use for a period of five years of the ground and first floors (total 945 sq. m GIA) of the Insull Wing at the National Temperance Hospital to Use Class B1 (Offices) in association with the Camden 'Collective' project								
Has the building, v	ork or change of use already s	tarted? Yes •	No					

4. Site Address	s Details			
Full postal address	of the site (inclu	ding full postcode where	available)	Description:
House:	110	Suffix:		Ground and first floor only of the Insull Wing of the now vacant former National Temperance Hospital
House name:	National Temp	erance Hospital		- Samporando Noopital
Street address:	Hampstead Ro	ad		
Town/City:	London			
County:	Camden			
Postcode:	NW1 2LP			
Description of loca (must be complete				
Easting:	529252			
Northing:	182751			
Northing.				
5. Pre-applicat	tion Advice			
		sought from the local au	thority about this applicatio	n?
If Yes, please comp	olete the followin	g information about the	advice you were given (this	will help the authority to deal with this application more efficiently):
Officer name:				
Title: Mr	First name	e: David		Surname: Glasgow
Reference:				
Date (DD/MM/YYY	Y): 24/06/20)15 (Must be	pre-application submission	
Details of the pre-a	application advice	e received:		
Email and telephor	ne conversation v	vith David Glasgow regar	rding scope of planning app	lication
6 Podostrian	and Vahicla /	Access, Roads and R	Pights of Way	
Is a new or altered	vehicle access pr	roposed to or from the pu	ublic highway?	Yes No
Is a new or altered	pedestrian acces	s proposed to or from the	e public highway?	Yes • No
Are there any new	public roads to b	e provided within the sit	re? Yes	No
Are there any new	public rights of v	vay to be provided withir	n or adjacent to the site?	
Do the proposals r	equire any divers	ions/extinguishments an	nd/or creation of rights of wa	y? Yes • No
7. Waste Stora	ge and Colle	ction		
Do the plans incor	porate areas to st	tore and aid the collection	n of waste?	• Yes No
If Yes, please provi				
Waste will be colle	cted and stored i	n containers within the e	xisting car park (see Plan 1 -	Site Location Plan)
Have arrangement	s been made for	the separate storage and	collection of recyclable was	ste?
If Yes, please provi				
Waste will be colle	cted and stored i	n containers within the e	xisting car park (see Plan 1 -	Site Location Plan)
8. Authority E	mployee/Me	mber		
(b) an e (c) relat	e Authority, I am: ember of staff elected member ted to a member ted to an elected	member	any of these statements app	oly to you? Yes • No
9. Materials				
Please state what r	materials (includi	ng type, colour and name	e) are to be used externally (if applicable):

9. (Materials continued)									
Walls - description:									
Description of existing materials and finishes:									
NA									
Description of <i>proposed</i> materials and finishes:									
NA									
Roof - description: Description of <i>existing</i> materials and finishes:									
NA									
escription of <i>proposed</i> materials and finishes:									
NA									
Windows - description: Description of <i>existing</i> materials and finishes:									
NA									
Description of <i>proposed</i> materials and finishes:									
NA									
Doors - description: Description of <i>existing</i> materials and finishes:									
NA									
Description of <i>proposed</i> materials and finishes:									
NA									
Boundary treatments - description: Description of <i>existing</i> materials and finishes:									
NA									
Description of <i>proposed</i> materials and finishes:									
NA									
Vehicle access and hard standing - description: Description of <i>existing</i> materials and finishes:									
NA									
Description of <i>proposed</i> materials and finishes: NA									
Lighting - add description Description of <i>existing</i> materials and finishes:									
NA									
Description of <i>proposed</i> materials and finishes:									
Others - description:									
Type of other material: NA									
Description of <i>existing</i> materials and finishes: NA									
Description of <i>proposed</i> materials and finishes:									
Description of <i>proposed</i> materials and finishes: NA									
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? • Yes • No									
If Yes, please state references for the plan(s)/drawing(s)/design and access statement:									
Plan 1 - Site Location Plan; Insull Wing Existing First Floor; and Insull Wing Existing Second Floor.									
10. Vehicle Parking									
Please provide information on the existing and proposed									
Type of vehicle	Existing number of spaces	Total proposed (including spaces retained)	Difference in spaces						
Cars	0	0	0						

rease promate internation on the entire proposed names of on one partially spaces.								
Type of vehicle	Existing number of spaces	Total proposed (including spaces retained)	Difference in spaces					
Cars	0	0	0					
Light goods vehicles/public carrier vehicles	0	0	0					
Motorcycles	0	0	0					
Disability spaces	0	0	0					
Cycle spaces	12	12	0					
Other (e.g. Bus)	0	0	0					
Short description of Other								

11. Foul Sewage					
Please state how foul sewage is	to be disposed of:				
Mains sewer	\boxtimes	Package treatment plant		Unknown	
Septic tank		Cess pit			
Other					
Are you proposing to connect t	o the existing drainage s	system? Yes	O No O	Unknown	
If Yes, please include the details N/A (change of use)	s of the existing system of	on the application drawings and	state references for	or the plan(s)/drawing(s):	
IVA (change of use)					
12. Assessment of Floor	l Risk				
	t Environment Agency st	e Environment Agency's Flood M anding advice and your local pl		Yes • No	
If Yes, you will need to submit a	n appropriate flood risk	assessment to consider the risk	to the proposed s	ite.	
Is your proposal within 20 metr	es of a watercourse (e.g.	river, stream or beck)?	0 '	es No	
Will the proposal increase the fl	ood risk elsewhere?	Yes • No			
How will surface water be dispo					
Sustainable drainage s		Main sewer		Pond/lake	
Soakaway	ystem		Ourso	1 Orlandac	
Joakaway		Existing waterc	ourse		
13. Biodiversity and Geo	ological Conservat	ion			
		he guidance notes for further in nearby and whether they are like		n there is a reasonable likelihood that any in by your proposals.	nportant biodiversity
Having referred to the guidance on land adjacent to or near the		able likelihood of the following	being affected ad	versely or conserved and enhanced within tl	ne application site, OR
a) Protected and priority specie	S				
Yes, on the development s	Site Yes,	on land adjacent to or near the	proposed develop	ment No	
b) Designated sites, important I	nabitats or other biodive	rsity features			
Yes, on the development s	Site Yes,	on land adjacent to or near the	proposed develop	ment No	
c) Features of geological conse	vation importance				
Yes, on the development s	site Yes,	on land adjacent to or near the	proposed develop	ment No	
14. Existing Use					
Please describe the current use	of the site:				
Vacant former National Temper	ance Hospital				
Is the site currently vacant?	• Yes	○ No			
If Yes, please describe the last un Former National Temperance H					
When did this use end (if known	n) (DD/MM/YYYY)?	01/01/2005			
Does the proposal involve any of the liftyes, you will need to submit a		ation assessment with your app	lication.		
Land which is known to be con		Yes No			
Land where contamination is su	uspected for all or part o	f the site?	es No		
A proposed use that would be p	oarticularly vulnerable to	the presence of contamination	?	Yes No	
15. Trees and Hedges					
Are there trees or hedges on th	e proposed developmer	nt site? Yes	No		
		ne proposed development site ti	hat could influenc	e the Yes No	
development or might be impo	•	·	discretion of your	ocal planning authority. If a Tree Survey is re	oquired this and the
accompanying plan should be	submitted alongside you		ng authority shoul	d make clear on its website what the survey	

16. Trade Effluent Does the proposal involve the need to dispose of trade effluents or waste? Yes No										
17. Residential Units										
Does your proposal include the gain or loss of residential units? Yes No										
18. All Types of Development: Non-residential Floorspace										
Does your proposal involve the loss, gain or change of use of non-residential floorspace? Yes No										
Use class/type of use Existing gross internal floorspace to be lost by change of use or demolition (square metres) Square metres							space opment			
A1	Shops Ne	t Tradable	Area		0.0	0.0		0.0)	0.0
A2	Financial and p				0.0		0.0	0.0)	0.0
A3		nts and ca			0.0		0.0	0.0		0.0
A4		estabishme			0.0		0.0	0.0		0.0
A5		d takeaway			0.0		0.0	0.0		0.0
B1 (a)		ther than A			0.0		0.0	945.0		945.0
B1 (b)	Research ar		ment		0.0		0.0	0.0		0.0
B1 (c)	_	industrial			0.0		0.0	0.0		0.0
B2		al industria			0.0		0.0	0.0		0.0
B8		or distribut			0.0		0.0	0.0		0.0
	Hotels and halls of residence Residential institutions				0.0		0.0			
C2 D1	Non-reside				945.0		945.0			-945.0
D2					0.0		0.0	0.0		0.0
Other		ly and leisu se Specify	ii e		0.0		0.0	0.0		
Other		Total			0.0		945.0	945.0		0.0
[Cor botol			atala places ad	ditionally	945.0	asin of rooms	945.0	945.0		0.0
	s, residential institution		s of use		rooms to be lost by or demolition			proposed (including inges of use)	Net additional roo	oms
19. Employment If known, please complete the following information regarding employees: Full-time Part-time Equivalent number of full-time Existing employees 0 0 0 Proposed employees 100 0 100										
20. Hou	urs of Opening									
If known,	please state the hour	s of openir	ng (e.g. 15:30) f	or each n	on-residential use p	roposed:				
Use	Monday to Friday Saturday Sunday and Bank Holidays Not									
B1A	08:00:00		23:00:00							
21. Site Area										
What is the site area? 253 sq.metres										
22. Industrial or Commercial Processes and Machinery Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site: N/A										
Is the proposal for a waste management development? Yes No										

23. Hazardous Substances						
Is any hazardous waste involved in the pr	roposal?	Yes No				
24. Site Visit						
Can the site be seen from a public road, pub	an appointment to carry out a	·	`		No y one)	
25. Certificates (Certificate B)						
Town and Countr I certify/ The applicant certifies that I have application, was the owner (owner is a per meaning given in section 65(8) of the Town	ry Planning (Development Ne/the applicant has given the rson with a freehold interest or	requisite notice to every leasehold interest with a	re) (England) Ord yone else (as listed t least 7 years left t	d below) who, o o run) and/or a	on the day 2 gricultural t	11 days before the date of this enant ("agricultural tenant" has the
Owner/Agricultural Tenant						Date notice served
Name Secretary of State for Transp	oort					
Number: Suff	ix:	House name:				
Street: Great Minster House, 33 Ho	rseferry Road					
Locality:						28/07/2015
Town: London						
Postcode: SW1P 4DR						
Title: Mr First name:	Fred		Surname: Dr	abble		
Person role: Agent	Declaration date:	28/07/2015		\boxtimes	Declaratio	n made
26. Declaration I/we hereby apply for planning permission additional information. I/we confirm that						
additional information. I/we confirm that, opinions given are the genuine opinions of		cuye, arry racis stated af	e ii ue and accura	ie aliu aliy	\boxtimes	Date 28/07/2015

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