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Development Management  
 Regeneration and Planning  
 London Borough of Camden  
 Judd Street  
 London WC1H 8ND

## Application for Planning Permission. Town and Country Planning 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:

Street address:

Town/City:

County:

Country:

Postcode:

Telephone number: 

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Country Code         | National Number      | Extension Number     |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Mobile number: 

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Fax number: 

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Email address:

Are you an agent acting on behalf of the applicant?  Yes  No

### 2. Agent Name, Address and Contact Details

Title:  First Name:  Surname:

Company name:

Street address:

Town/City:

County:

Country:

Postcode:

Telephone number: 

|                      |  |                      |
|----------------------|--|----------------------|
| Country Code         | National Number                          | Extension Number     |
| <input type="text"/> | <input type="text" value="02087801800"/> | <input type="text"/> |

Mobile number: 

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Fax number: 

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Email address:

### 3. Description of the Proposal

Please describe the proposed development including any change of use:

This document is the Design and Access Statement in support of a full planning application for a new services' plant and structural deck which is to be introduced within a central, completely enclosed courtyard, on the roof of the first floor of the north section of the Chandler Wing at the National Hospital for Neurology and Neurosurgery (NHNN).

This new services' plant will support the creation of a new operating suite, including two new theatres which will be located within the reconfigured second floor of the north section of the Chandler Wing.

The construction of this new operating suite will enable the NHNN to expand its capacity of operating theatres from 4 to 6.

This project forms part of University College London Hospitals Trust's (UCLH) overall transformation programme for a 20 year clinical strategy for the NHNN.

Has the building, work or change of use already started?  Yes  No

#### 4. Site Address Details

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

Description:

|                 |   |         |                      |
|-----------------|---|---------|----------------------|
| House:          | <input type="text"/>  | Suffix: | <input type="text"/> |
| House name:     | <input type="text" value="National Hospital for Neurology and Neurosurgery"/> |         |                      |
| Street address: | <input type="text" value="Queen Square"/>                                     |         |                      |
| Town/City:      | <input type="text" value="London"/>   |         |                      |
| County:         | <input type="text" value="Camden"/>   |         |                      |
| Postcode:       | <input type="text" value="WC1N 3BG"/>   |         |                      |

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

|           |                                     |
|-----------|-------------------------------------|
| Easting:  | <input type="text" value="530389"/> |
| Northing: | <input type="text" value="182033"/> |

#### 5. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?  Yes  No

#### 6. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway?  Yes  No

Is a new or altered pedestrian access proposed to or from the public highway?  Yes  No

Are there any new public roads to be provided within the site?  Yes  No

Are there any new public rights of way to be provided within or adjacent to the site?  Yes  No

Do the proposals require any diversions/extinguishments and/or creation of rights of way?  Yes  No

#### 7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste?  Yes  No

Have arrangements been made for the separate storage and collection of recyclable waste?  Yes  No

#### 8. Authority Employee/Member

With respect to the Authority, I am:

- (a) a member of staff
- (b) an elected member
- (c) related to a member of staff
- (d) related to an elected member

Do any of these statements apply to you?  Yes  No

#### 9. Materials

Please state what materials (including type, colour and name) are to be used externally (if applicable):

**Others - description:**

Type of other material:

Description of *existing* materials and finishes:

Description of *proposed* materials and finishes:

## 9. (Materials continued)

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:

D-001 Existing location plan  
D-100 Existing second floor plan  
D-111 Proposed second floor plan  
D-112 Proposed roof plan  
D-200 Existing north section  
D-201 Existing east section - Albany wing  
D-202 Existing west section  
D-210 Proposed north section  
D-211 Proposed east section - Albany wing  
D-212 Proposed west section  
D-250 Existing west elevation  
D-251 Existing north elevation  
D-260 Proposed west elevation  
D-261 Proposed north elevation  
Design and Access Statment  
Noise Survey Report

## 10. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking 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                                 | 0                         | 0  | 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  Package treatment plant  Unknown   
Septic tank  Cess pit

Other

Are you proposing to connect to the existing drainage system?  Yes  No  Unknown

## 12. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)  Yes  No

If Yes, you will need to submit an appropriate flood risk assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?  Yes  No

Will the proposal increase the flood risk elsewhere?  Yes  No

How will surface water be disposed of?

Sustainable drainage system  Main sewer  Pond/lake  
 Soakaway  Existing watercourse

### 13. Biodiversity and Geological Conservation

To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.

Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, OR on land adjacent to or near the application site:

a) Protected and priority species

Yes, on the development site       Yes, on land adjacent to or near the proposed development       No

b) Designated sites, important habitats or other biodiversity features

Yes, on the development site       Yes, on land adjacent to or near the proposed development       No

c) Features of geological conservation importance

Yes, on the development site       Yes, on land adjacent to or near the proposed development       No

### 14. Existing Use

Please describe the current use of the site:

The Chandler Wing was completed in 1995 and is part of the NHNN. It is a six storey hospital building arranged over basement, ground and five upper floors. The building was designed with a reinforced concrete frame construction and completed with non-loadbearing brickwork elevations, UPVC double glazed windows and doors, and cantilevered balconies with white railings. The Chandler Wing is located in a constricted urban site off of Queen Square, to the south of Guildford Street, with its front elevation addressing Powis Place. The location of the new service plant and deck is a completely enclosed central courtyard on the roof of the first floor of the north section of Chandler Wing and is surrounded by the Institute of Neurology, part of UCL, to the north and the NHNN'S grade II listed Albany Wing to the west. This enclosed central courtyard is not visible from the street or Queen Square. The Chandler Wing falls within the Bloomsbury Conservation Area. Currently the Chandler Wing houses accommodation includes 4 operating theatres suite, HTU and ITU, neurosurgery wards, as well as a MRI, general diagnostics and out-patient's clinic.

Is the site currently vacant?       Yes       No

Does the proposal involve any of the following?

If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated?       Yes       No

Land where contamination is suspected for all or part of the site?       Yes       No

A proposed use that would be particularly vulnerable to the presence of contamination?       Yes       No

### 15. Trees and Hedges

Are there trees or hedges on the proposed development site?       Yes       No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character?       Yes       No

If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.

### 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

### 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 | 0         | 0         | 0                              |

## 20. Hours of Opening

If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:

| Use | Monday to Friday |          | Saturday   |          | Sunday and Bank Holidays |          | Not Known |
|-----|------------------|----------|------------|----------|--------------------------|----------|-----------|
|     | Start Time       | End Time | Start Time | End Time | Start Time               | End Time |           |

## 21. Site Area

What is the site area?

## 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:

The 3No. air handling units are: 9000mm (L) x 1915mm (W) x 2380mm (H)  
The 3No. external condensers are: 2440mm (L) x 760mm (W) x 1710mm (H).

Is the proposal for a waste management development?

Yes  No

## 23. Hazardous Substances

Is any hazardous waste involved in the proposal?

Yes  No

## 24. 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

## 25. Certificates (Certificate A)

### Certificate of Ownership - Certificate A

#### Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/the applicant was the owner (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding (*"agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act*).

Title:  First name:  Surname:

Person role:  Declaration date:   Declaration made

## 26. 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