

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

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	Firs	st name:	Micha	el				Surname:	Abl	bott			
Company name	for Hosp	edia Limi	ited										
Street address:	Landma	rk Place								Country Code	National Number		Extension Number
	1-3 Wind	dsor Road	t				Telep	hone numb	er:				
							Mobil	e number:					
Town/City	Slough												
County:	Windsor and Maidenhead					_ Fax ni	umber:						
Country:	United Kingdom				Email	Email address:							
Postcode:	SL1 2EJ												
Are you an agent acting on behalf of the applicant? Yes No													
_	2. Agent Name, Address and Contact Details No Agent details were submitted for this application												
Please describe the proposed development including any change of use: Relocation of 1200mm microwave dish from roof to wall mount, installation of new 800mm wall mounted microwave dish and installation of new 1800mm roof mounted microwave dish Has the building, work or change of use already started? Yes No													
4. Site Address Details													
Full postal address	of the site	e (includir	ng full po	ostcode wher	e available)		Descr	iption:					
House:				Suffix:									
House name:	Royal Fr	ee Londo	n NHS F	oundation Tr	ust								
Street address:	Pond Sti	reet					7						
							7						
Town/City:	London				7								
County:	Camden			7									
Postcode:	NW3 2QG					_							
Description of locat (must be completed	ion or a g	grid refere ode is not	ence t known)	:									
Easting:		527229					$\exists $						
Northing:	Ī	185381					<u> </u>						

5. 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: Mr First name: Matthias		Surname: Gentet						
Reference: RE: 2015/5384/NEW - Draft App	plication PP-04366936 - Royal Free Ho	ospital						
Date (DD/MM/YYYY): 23/09/2015 (Must be pre-application submission)								
Details of the pre-application advice received:								
The acceptability of the drawings will be assessed by the officer allocated to your application. If something further or revisions are needed, the officer will request these upon validation. You can submit your application via the planning portal. I will withdraw the above record to avoid confusion.								
6. Pedestrian and Vehicle Access, Roads and	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 with	thin or adiacent to the site?	Yes No						
Do the proposals require any diversions/extinguishments	•	Yes • No						
7. Waste Storage and Collection								
Do the plans incorporate areas to store and aid the collec	tion of waste?	es • No						
Have arrangements been made for the separate storage a	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 na	ame) are to be used externally (if appl	icable):						
Others - description:	, , , , , , , , , , , , , , , , , , , ,	,						
Type of other material: Satellite Dishes and fixings								
Description of existing materials and finishes:								
All wall and floor mounts are solid steel and painted. All dishes are fibreglass								
Description of <i>proposed</i> materials and finishes:								
All wall and floor mounts are solid steel and painted. All dishes are fibreglass								
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Yes No								
10. Vehicle Parking								
Please provide information on the existing and proposed number of on-site parking spaces: Existing number Total proposed (including spaces Difference in								
Type of vehicle	Existing number of spaces	Total proposed (including spaces retained)	spaces					
Cars	0	0	0					
Light goods vehicles/public carrier vehicles	0	0	0					
Motorcycles Disability spaces	0	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					
There is no foul sewage disposa	<u> </u>	ustom?			
Are you proposing to connect to	the existing drainage s	ystem? Yes	O No O Un	nknown	
12. Assessment of Flood	Risk				
Is the site within an area at risk of flood zones 2 and 3 and consult requirements for information as	Environment Agency sta			Yes No	
If Yes, you will need to submit a	n appropriate flood risk a	assessment to consider the risk	to the proposed site.		
Is your proposal within 20 metre	es of a watercourse (e.g. ı	river, stream or beck)?	Yes	No	
Will the proposal increase the flo	ood risk elsewhere?				
How will surface water be dispo	sed of?				
Sustainable drainage sy	ystem	Main sewer		Pond/lake	
Soakaway		Existing waterc	ourse		
10 51 11 11					
13. Biodiversity and Geo	ological Conservati	ion			
To assist in answering the follow or geological conservation feature.				ere is a reasonable likelihood that any im our proposals.	portant biodiversity
Having referred to the guidance on land adjacent to or near the		able likelihood of the following	being affected adverse	ely or conserved and enhanced within th	ne application site, OR
a) Protected and priority species	5				
Yes, on the development s	ite Yes, o	on land adjacent to or near the p	oroposed developmer	nt No	
b) Designated sites, important h	nabitats or other biodiver	sity features			
Yes, on the development s	ite Yes, o	on land adjacent to or near the p	oroposed developmer	nt No	
c) Features of geological conser	vation importance				
Yes, on the development s	ite Yes, o	on land adjacent to or near the p	oroposed developmer	nt No	
14. Existing Use					
Please describe the current use	of the site:				
Communications and plant facil	ity on roof of substantial	hospital building			
Is the site currently vacant?	Yes	No			
Does the proposal involve any of If yes, you will need to submit an		ition assessment with your anni	ication		
Land which is known to be cont		Yes No	ication.		
Land where contamination is su	spected for all or part of	the site? Ye	es 🕟 No		
A proposed use that would be p	articularly vulnerable to	the presence of contamination	?	Yes No	
15. Trees and Hedges					
Are there trees or hedges on the	e proposed developmen	t site? Yes	No		
And/or: Are there trees or hedge			nat could influence the	e	
development or might be impo	•	•		Yes No	
	submitted alongside you	r application. Your local plannin	g authority should ma	planning authority. If a Tree Survey is re ake clear on its website what the survey s tions'.	
16. Trade Effluent					
Does the proposal involve the n	eed to dispose of trade (effluents or waste?	C Yes	s 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. Emplo	yment								
If known, ple	If known, please complete the following information regarding employees:								
			Full-time	Part-time			Equivalent	t number of full-time	
	cisting empopers		0	0				0	
				0					
20. Hours	•	Ū	-in-r (o. r. 15-20) for each m						
if known, pie	ease state t		ning (e.g. 15:30) for each r		sea:		Ç	nday and Bank Holidays	Not
Use	Sta	Monday to Fricart Time E	nd Time	Saturday Start Time E	nd Time			rt Time End Time	Not Known
21. Site A	rea								
What is the s	site area?	F2 00	sa metres						
		52.00	sq.metres						
22. Indust	trial or C	Commercial F	Processes and Mach	inery					
		ivities and proce ch may be install		ed out on the site and the	e end products in	cluding	plant, vent	ilation or air conditioning. Please in	clude the
None									
Is the propos	sal for a wa	aste managemen	t development?	C Yes	s No				
23. Hazardous Substances									
Is any hazaro	dous waste	e involved in the	proposal?	Yes • No					
24. Site Vi	sit								
Can the site	be seen fro	om a public road	, public footpath, bridlewa	ay or other public land?			Yes (•)	No	
					ould they contact?				
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. Certifi	icates (C	Certificate B)							
		Town and Cour	ntry Planning (Developm	Certificate of Ownershi ent Management Proce		Order	2015 Certif	icate under Article 14	
I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) and/or agricultural tenant ("agricultural tenant" has the									
			n and Country Planning A						nt nastne
Owner/Agric	ultural Ter	nant						Date notice served	
Name	Royal Fre	e Hospital Londo	on NHS Foundation Trust						
Number:		Su	ıffix:	House name:	Royal Free Ho	ospital			
Street:	Pond Street 10/08/2015								
Locality:	Hampste	ad						10/00/2013	
Town:	London								
Postcode:	NW3 2Q0	9							
Title: Mr		First name:	Michael		Surname:	Abbo	tt		
Person role:	Applica	ant	Declaration date:	28/09/2015			\boxtimes	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

28/09/2015

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