

Gentet, Matthias

From: Phillips, Kate
Sent: 13 January 2016 17:44
To: Planning
Subject: FW: Planning application 2015/6809/P

Hi – please could this be logged as an objection.

Kate

From: Andrew Hutchings [REDACTED]
Sent: 13 January 2016 14:35
To: Phillips, Kate
Subject: Planning application 2015/6809/P

Dear Kate

Please find my objection to planning application 2015/6809/P below. I would be grateful if you could confirm receipt of my objection by email.

Kind regards
Andrew

Reference: Planning Application - 2015/6809/P

I object to the planning application 2015/6809/P. The main reasons for my objection relate to (A) the disproportionate scale of the proposed development and (B) the lack of any internal link between the ground floor and basement premises and the use of the external front steps for access to the proposed basement premises.

A Disproportionate scale of the development

The scale of the development involves the redesignation of almost all the useable internal area of the basement and all the building's external areas (including the front steps to the basement and the rear passageway) from residential use to business use.

A1 Incorporation of the external rear passageway into the basement premises.

The plans (documents 5735-E(0)001 and 5735-S(0)001) show the loss of the external rear passageway (described as 'derelict') in order to create a glass-covered internal corridor in the proposed basement premises. The rear passageway is used during major works for the erection of scaffolding to the west elevation. The loss of the rear passageway would make it more difficult to undertake major and minor repairs and lead to higher costs for the Council and leaseholders. For example, a recent minor repair to a blocked hopper at 4th/5th floor level on the east (Herbrand St) elevation required the erection of scaffolding; the loss of the rear passageway would make it difficult to undertake a similar repair on the west elevation.

I oppose this part of the proposal because of its impact on value for money with respect to the maintenance of the building which, I believe, conflicts with the Council's commitment to value for money as described in its

Housing Strategy 2011-16. It is unclear to me why the two treatment rooms in the proposed basement plan need to be so much larger than the existing treatment rooms at ground floor level, particularly as the proposed basement treatment rooms would be inaccessible to wheelchair users.

A2 Impact of the scale of the proposed development

The overall scale of the proposed plans would see almost the entire internal basement area (other than the corridor housing the electricity meters and a small caretaker store) switched from residential to business use. Alternative residential uses for some or all of the space do not appear to have been considered in any detail. One potential use for some of the internal space would have been the creation of secure cycle storage for residents. The scale of the proposed plans will remove the possibility of alternative uses of the basement area.

I object to the proposal because there has not been adequate consideration of alternative residential use, specifically secure storage for residents' cycles. Camden's current Transport Strategy states that "Camden will continue to work with partners to provide secure parking for cyclists to encourage cycling and to help reduce cycle theft as well as educate people on how to lock their bicycles securely" and "The Council will also investigate the provision of cycle parking on the Council's own housing estates in partnership with colleagues in Housing and Adult Social Care (HASC)." There is no evidence that any investigation of such provision was carried out during the development of the proposed plans.

B The creation of two premises with no direct internal link.

The proposed plans show the creation of two separate premises with no direct link. The existing ground floor practice remains the same (a door on Herbrand St) and the proposed basement premises will be accessed by use of the front steps and doors at basement level. I assume both premises will be used by staff, patients, customers and other visitors (e.g. carers, children, etc). This is an unusual arrangement and it is unclear how the two separate premises with separate entrances will operate in practice. The plans suggest that there will not be a separate permanently staffed reception area so I am unclear how security and access to the proposed basement premises will be managed. I would also expect there to be substantial movement by staff, patients, carers, etc between the ground floor (including reception) and basement facilities. I have several objections to this arrangement.

Firstly, I am concerned that largely unsupervised use of the external front steps by patients (some having an anaesthetic for their treatment) and other visitors is not a safe means of entering and leaving the basement premises, particularly in poor weather.

Secondly, I am concerned that it will be far more difficult to provide a similar level of security as is currently provided by a single entrance and that there will be an increased risk of unauthorised access to the basement premises.

Thirdly, the proposed plans (documents 5735-E(0)001 and 5735-S(0)001) show the loss of the existing metal gate at the foot of the front steps. The gate minimises the scope for anti-social activity because there is no accessible flat or sheltered area at the bottom of the steps. The loss of the gate will increase the risk of anti-social activity and is a major safety concern for residents who will be accessing the residential part of the building when the dental practice is closed.

Fourthly, I am concerned that the long-term implications for value for money in creating two separate (but 'linked') premises have not been adequately considered. This is an unusual arrangement that might suit the current business requirements of the dental practice but would not be attractive to other businesses. The ability to re-let the premises or achieve a competitive rate would be compromised by the awkward layout should the dental practice vacate the premises.

Finally, the increase in the size of the business and the extent of human movement (including staff wearing dental scrubs) between the two separate premises will change the nature of this part of the Conservation Area. A largely residential turn-of-the-century mansion block with a relatively discreet ground floor dental practice will instead be seen as a busy dental and cosmetic surgery business with some flats above – something that is better suited to the busy 'high street' character of Marchmont St rather than the distinctly more restrained character of the buildings on Tavistock Place between Marchmont St and Tavistock Square.

Andrew Hutchings

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