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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.

Title: Mr	First name: PETER	Surname: BL	IRROUGHS		
Company name	UCLHC				
Street address:	UCLH CHARITY		Country Code	National Number	Extension Number
	5TH FLOOR EAST	Telephone number:			
	250 EUSTON ROAD	Mobile number:			
Town/City	LONDON	Wiobile Humber.			
County:		Fax number:			
Country:	United Kingdom	Email address:			
Postcode:	NW1 2PG				
2. Agent Nam	ne, Address and Contact Details				
Title: Micc	First Name: DACHEL	Surnamo	MDEDT		
Title: Miss	First Name: RACHEL	Surname: LA	MBERT		
	First Name: RACHEL Temple Group	Surname: LA		National	Extension
Company name:			Country Code	National Number	Extension Number
Company name:	Temple Group	Surname: LA Telephone number:	Country		
Company name:	Temple Group DEVON HOUSE		Country		
Company name: Street address:	Temple Group DEVON HOUSE	Telephone number:	Country		
Company name: Street address: Town/City	Temple Group DEVON HOUSE 58-60 ST KATHERINE'S WAY	Telephone number: Mobile number: Fax number:	Country		
Title: Miss Company name: Street address: Town/City County: Country:	Temple Group DEVON HOUSE 58-60 ST KATHERINE'S WAY	Telephone number: Mobile number:	Country		
Company name: Street address: Town/City County:	Temple Group DEVON HOUSE 58-60 ST KATHERINE'S WAY LONDON	Telephone number: Mobile number: Fax number:	Country		
Company name: Street address: Town/City County: Country: Postcode:	Temple Group DEVON HOUSE 58-60 ST KATHERINE'S WAY LONDON United Kingdom	Telephone number: Mobile number: Fax number:	Country		
Company name: Street address: Town/City County: Country: Postcode: 3. Description	Temple Group DEVON HOUSE 58-60 ST KATHERINE'S WAY LONDON United Kingdom E1W 1LB	Telephone number: Mobile number: Fax number: Email address:	Country		
Company name: Street address: Town/City County: Country: Postcode: 3. Description Please describe the REFURBISHMENT	Temple Group DEVON HOUSE 58-60 ST KATHERINE'S WAY LONDON United Kingdom E1W 1LB	Telephone number: Mobile number: Fax number: Email address:	Country	Number	Number

4. Site Address	Details			
Full postal address o	of the site (inclu	ding full postcode where	e available)	Description:
House:	40	Suffix:		VACANT HOSPITAL BUILDING
House name:	Arthur Stanley	House		
Street address:	Tottenham Stre	eet		
Town/City:	London			
County:	Camden			
Postcode:	W1T 4RN			
Description of locati	ion or a grid refe	erence		
(must be completed				
Easting:	529329)		
Northing:	181749	1		
5. Pre-applicati	on Advice			
Has assistance or pri	ior advice been	sought from the local au	uthority about this application	on? • Yes • No
If Yes, please comple	ete 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: Miss	First name	: JENNA		Surname: LITHERLAND
Reference:	2014/288			
Date (DD/MM/YYYY)): VARIOUS	(Must be	e pre-application submission	2)
Details of the pre-ap			pro application submission	,
		ND ACCESS STATEMENT		
ADVICE DETAILED IN	THE DESIGNA	ND ACCESS STATEMENT		
6. Pedestrian a	nd Vehicle A	ccess, Roads and I	Rights of Way	
ls a new or altered v	ehicle access pr	oposed to or from the p	ublic highway?	
ls a new or altered p	edestrian acces	s proposed to or from th	ne public highway?	Yes • No
·		e provided within the si		-
		•		
	_		n or adjacent to the site?	
Do the proposals red	quire any divers	ions/extinguishments ar	nd/or creation of rights of w	yay? (Yes (No
7. Waste Storag	ne and Colle	ction		
· ·		ore and aid the collectio	on of waste?	• Yes No
If Yes, please provide		VINICS SLIPMITTED DOCI	UMENT / T2020 ASH DESIG	N AND ACCESS STATEMENT_SUBMITTED DOCUMENT
•			d collection of recyclable wa	
If Yes, please provide		the separate storage and	a concetion of recyclable we	isite: (e) 163 (c) 110
		ESS STATEMENT_SUBMIT	ITED DOCUMENT	
	. /8.6			
8. Authority Em	npioyee/iviei	mber		
With respect to the				
(b) an ele	mber of staff ected member			
, ,	ed to a member ed to an elected			
(4)			any of these statements ap	ply to you? Yes No
l				
9. Materials				
			e) are to be used externally	
, ,,,,		·	n(s)/drawing(s)/design and ign and access statement:	access statement? Yes No
		TATEMENT_SUBMITTED	<u> </u>	
T3020_ASH_DRAWII				

of spaces retained) 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 63 63 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 If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s): T3020_ASH_DRAWINGS_SUBMITTED DOCUMENT 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 Will the proposal increase the flood risk elsewhere? How will surface water be disposed of? Main sewer Pond/lake Sustainable drainage system 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 No Yes, on land adjacent to or near the proposed development

Existing number

Total proposed (including spaces

Difference in

10. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

Type of vehicle

14. Existing Use Please describe the current use of the site:												
VACANT HOSPITAL BUILDING												
Is the site currently vacant? • Yes • No If Yes, please describe the last use of the site: HOSPITAL - HEALTH CARE (CLASS D1)												
When did this use end (if known) (DD/MM/YYYY)? 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 Hedge	s											
Are there trees or hedges o			•		~		No					
And/or: Are there trees or h development or might be in	mportant a	as part of t	he local la	ndscape o	character?					No		
If Yes to either or both of th accompanying plan should accordance with the curren	l be submit	ted along	side your a	pplicatio	n. Your local p	anning auth	ority should make	clear on its w				
16. Trade Effluent												
Does the proposal involve t	the need to	o dispose	of trade eff	luents or	waste?		○ Yes	No				
17. Residential Units												
Does your proposal include	e the gain o	or loss of r	esidential u	ınits?		Yes	○ No					
Market Housing - Propose	ed					Mark	et Housing - Exis	ting				
		Nun	nber of bed	Irooms					Nun	nber of be	drooms	
	1	2	3	4+	Unknown			1	2	3	4+	Unknown
Houses						Hous	ses					
Flats/Maisonettes	1	9				Flats	/Maisonettes					
Live-Work units						Live-	Work units					
Cluster flats						Clus	ter flats					
Sheltered housing						Shel	tered housing					
Bedsit/Studios							it/Studios					
Unknown							nown					
Proposed Market Housing	Total		10]		ing Market Housin	ng Total		0]
Social Rented Housing - Pr					J		ıl Rented Housing					J
		Nur	nber of bed	drooms					Nun	nber of be	drooms	
	1	2	3	4+	Unknown			1	2	3	4+	Unknown
Houses			2			Hou	ses					
Flats/Maisonettes						Flats	/Maisonettes					
Live-Work units						Live-	Work units					
Cluster flats						Clus	ter flats					
Sheltered housing						Shel	Sheltered housing					
Bedsit/Studios												
Unknown						ļ <u> </u>	nown					
Proposed Social Rented Ho	ousing Tota	al	2]	Exist	ing Social Rented	Housing Total		0]
Overall Residential Unit T	otals											
Total prop	posed resid	dential un	its		12]					
	sting resid				0]					

	Types of Development: r proposal involve the loss, gain			-	ce?		• Yes No			
Use class/type of use			Existing gross internal floorspace (square metres)		Gro internal floors lost by chang demol (square r	space to be ge of use or ition	Total gross new internal floorspace proposed (including changes of use) (square metres)		Net additional gross internal floorspace following development (square metres)	
A1	Shops Net Tradable	Area		0.0		0.0		0.0		0.0
A2	Financial and profession	al services		0.0		0.0		0.0		0.0
А3	Restaurants and ca	afes		0.0		0.0		0.0		0.0
A4	Drinking estabishm	ents		0.0		0.0		0.0		0.0
A 5	Hot food takeawa	ays		0.0		0.0 0.0				0.0
B1 (a)	Office (other than	A2)		0.0		0.0	50	58.8		5058.8
B1 (b)	Research and develo	pment		0.0		0.0		0.0		0.0
B1 (c)	Light industria	ı		0.0		0.0		0.0		0.0
B2	General industri	al		0.0		0.0		0.0		0.0
B8	Storage or distribu	tion		0.0		0.0		0.0		0.0
C1	Hotels and halls of res	sidence		0.0		0.0		0.0		0.0
C2	Residential institut	ions		0.0		0.0		0.0		0.0
D1	Non-residential instit	utions		5547.7		5547.7		0.0		-5547.7
D2	Assembly and leis	ure		0.0		0.0	0.0			0.0
Other	Please Specify			0.0		0.0	0.0			0.0
	Total			5547.7		5547.7 5058		58.8	8 -487.0	
For hotels	s, residential institutions and ho	ostels, please addi	itionally in	dicate the loss or	gain of rooms:					
	Jse Class Type	es of use	Existing roo	oms to be lost by or demolition			s proposed (including anges of use)		Net additional room	าร
If known,	please complete the following Existing employees Proposed employees	information rega Full-time 0 0		Part-time 0 0			Equivalent number of f	ull-ti	me	
20. Hou	ırs of Opening									
If known,	please state the hours of open	ing (e.g. 15:30) for	r each non	-residential use p	roposed:					
Use	Monday to Frid Start Time En	ay d Time		Satu Start Time	rday End Time		Sunday and Bar Start Time			Not (nown
21. Site	Area									
What is th	ne site area?	hectares	6							
22. Indu	ustrial or Commercial P	rocesses and	Machin	ery						
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:										
Is the prop	Is the proposal for a waste management development? Yes No									
23. Haz	23. Hazardous Substances									
Is any haz	ardous waste involved in the p	roposal?	С	Yes No	·					

24. Site Vi	sit						_
Z4. Site Vi	311						
Can the site	be seen from a public road	l, public footpath, bridleway o	r other public land?	•	Yes 🔘	No	
If the plannii	ng authority needs to make	e an appointment to carry out	a site visit, whom shoul	d they contact? (Ple	ase select on	lly one)	
○ The age	ent The applic	cant • Other person					
If Other has	been selected, please prov	ide:					
Contact nam	ne:						
Title: Mr	First name:	PAUL		Surname: BARN	ES		
Telephone n					Г		
Country code	e: 020 Nat	ional number: 7907		Extension no	ımber: [7	7900	
Email Addres	SS:						
05 0	· · · · · · · (0 · · · · · · · · · · · ·						=
25. Certifi	icates (Certificate B)						
	Town and Cour	Ce ntry Planning (Development	rtificate of Ownership		r 2010 Corti	ficato undor Articlo 12	
I certify/ The		, , ,	•	, , ,		on the day 21 days before the date of this	S
		person with a freehold interest o vn and Country Planning Act 19				agricultural tenant <i>("agricultural tenant" ha</i> cation relates	as the
		wrana ooanii y rianiiniig nee 17	part of the lar	a or ballaring to will	ст тпз арри		
Owner/Agric	ultural Tenant					Date notice served	
Name	36 GOLDEN SQUARE LLP,	C/O MR JEREMY SINCLAIR		_			
Number:	36 St	uffix:	House name:				
Street:	GOLDEN SQUARE					00/04/0045	
Locality:						22/01/2015	
Town:	LONDON						
Postcode:	W1F 9EE				_		
Title: Miss	First many s	RACHEL		Company	1BERT		
Title: Miss	First name:	1		Surname: LAN		Declaration made	
Person role:	Agent	Declaration date:	22/01/2015			Declaration made	
26. Declar	ration						
I/we hereby	apply for planning permiss	ion/consent as described in th	nis form and the accomp	anving plans/drawir	ngs and		
additional in	formation. I/we confirm that	at, to the best of my/our know	ledge, any facts stated a	3 01	0		
opinions give	en are the genuine opinion	ns of the person(s) giving them	I.			Date 22/01/2015	