

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 listed building consent for alterations, extension or demolition of a listed building. Planning (Listed Buildings and Conservation Areas) 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	First name: Ian	Surname:	Chivers			
Company name	Great Ormond Street Hospital Children's Charity]				
Street address:	40 Bernard Street]	Country Code	National Number	Extension Number	
		Telephone number:	:	020 7239 3084		
		Mobile number:				
Town/City	London					
County:		Fax number:				
Country:	United Kingdom	Email address:				
Postcode:	WC1N 1LE ian.chivers@gosh.org					
Are you an agent a	acting on behalf of the applicant? • Yes	O No				
2. Agent Nam	e, Address and Contact Details					
Title: Mr	First Name: Simon	Surname:	Foulkes			
Company name:	pod LLP]				
Street address:	Unit 313]	Country Code	National Number	Extension Number	
	Metal Box Factory	Telephone number:	:	020 3176 5590		
	30 Great Guildford Street	Mobile number:		07808 037998		
Town/City	London	Fax number:				
County:	London					
Country:	United Kingdom	Email address:				
Postcode:	SE1 0HS	simon@podpartnership.com				
2 Description	of Proposed Works					
-	•					
Please describe the	e proposals to alter, extend or demolish the listed building(s):					

Retain HMO (Class Sui Generis) status, but change to HMO Hostel (Class Sui Generis) so can be used as temporary accommodation for visiting parents and carers of child patients at a local hospital, remove the unauthorised bathrooms inserted to the ground floor (No.8 Sandwich Street), first floor (No. 7 Sandwich Street) and install 2No. 'pod' installation bathrooms to the first floor (No.7 Sandwich Street), 1No. 'pod' installation bathroom to the second floor of No.8 Sandwich Street), 1No. 'pod' installation bathroom to the second floor of No.7 Sandwich Street) and 1No. 'pod' installation bathroom to the second floor of No.8 Sandwich Street. The works also includes the relocation of the partition of the unauthorised bathroom projecting into front room to the ground floor of No. 7 Sandwich Street in line with loadbearing spine wall, and minor alterations to the second and third floor layout, including the removal an relocation of internal partitions. Has the work already started without planning permission? (Yes No

4. Site Address	Details	
Full postal address of	of the site (including full postcode where available) De	scription:
House:	Suffix:	
House name:	7&8	
Street address:	Sandwich Street	
Town/City:	London	
County:	Camden	
Postcode:	WC1H 9PL	
	ion or a grid reference d if postcode is not known):	
Easting:	530129	
Northing:	182561	
5. Related Prop	posals	
Are there any currer	nt applications, previous proposals or demolitions for the site?	● Yes ○ No
If Yes, please describ	be and include the planning application reference number(s), if known:	
	2416/L, 2015/1950/P, 2015/1951/P, 2012/3262/L, 2010/0259/L, 2010/024 esss & Heritage Statement	0/P, 9170012, 5087(R), 4236, TP103644/12389.
	-	
6. Pre-applicati		
Has assistance or pr	ior advice been sought from the local authority about this application?	Yes No
If Yes, please comple	ete 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: Charles	Surname: Rose
Reference:		
Date (DD/MM/YYYY)): 29/09/2015 (Must be pre-application submission)	
Details of the pre-ap	oplication advice received:	
	·	
7 Neighbour a	nd Community Consultation	
-		
Have you consulted	I your neighbours or the local community about the proposal?	🔿 Yes 💿 No
8. Authority Em	nployee/Member	
With respect to the	Authority, I am: mber of staff	
(b) an ele	ected member	
.,	ed to a member of staff ed to an elected member	
()	Do any of these statements apply t	o you? C Yes 💿 No
9. Materials		
Please provide a des	scription of existing and proposed materials and finishes to be used in th	ne build (demolition excluded):
Internal walls - add		
Description of existin	ing materials and finishes:	
Refer to application	documentation osed materials and finishes:	
Refer to application		
	I hard standing - add description	
	ing materials and finishes:	
Description of propo	osed materials and finishes:	1
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9. Materials (continued)
Lighting - add description Description of <i>existing</i> materials and finishes:
Description of <i>proposed</i> materials and finishes:
Others - add description Other Description of <i>existing</i> materials and finishes:
Description of <i>proposed</i> materials and finishes:
Are you supplying additional information on submitted drawings or plans? If Yes, please state plan(s)/drawing(s) references: 1279-PS-D-01 - REVISION A and 1279-PS-P-01 - REVISION B
10. Demolition
Does the proposal include total or partial demolition of a listed building? (Ves No
11. Listed building alterations
Do the proposed works include alterations to a listed building? Yes No
If Yes, will there be works to the interior of the building? Yes No
Will there be works to the exterior of the building? (Yes (No
Will there be works to any structure or object fixed to the property (or buildings within its curtilage) internally or externally? (• Yes • No
Will there be stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)? Yes No
If the answer to any of these questions is Yes, please provide plans, drawings and photographs sufficient to identify the location, extent and character of the items to be removed, and the proposal for their replacement, including any new means of structural support, and state references for the plan(s)/drawing(s).
State references for these plan(s)/drawing(s):
1279-PS-D-01 - REVISION A, 1279-PS-P-01 - REVISION B and 1279-PS-E-01 - REVISION A
12. Listed Building Grading
If known, what is the grading of the listed building (as stated in the list of Buildings of Special Architectural or Historical Interest)?
Is it an ecclesiastical building? O Don't know O Yes No
13. Immunity from Listing
Has a Certificate of Immunity from listing been sought in respect of this building? O Yes No
14. Site Visit
Can the site be seen from a public road, public footpath, bridleway or other public land? O Yes O 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 O The applicant O Other person
15. Certificates (Certificate B)
Certificate Of Ownership - Certificate B
Certificate under Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 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) of any part of the land or building to which this

application relates.

15. Certificates (Certificate B) (continued)

Owner										Date notice served
Name:	Ms Louise H	(och-Leonard								
Number:	7		Suffix:			House nam	ne:			
Street:	Albyn Place	9]	
Locality:										22/01/2016
Town:	Edinburgh									
Postcode:	EH2 4NG									
Name:										
Number:			Suffix:			House nam	ne:			
Street:										
Locality:										
Town:			1							
Postcode:									_	
Name:									_	
Number:			Suffix:			House nam	ne:			
Street:										
Locality:										
Town:]							
Postcode:										
Name: Number:		1	Suffix:			House new			-	
Street:			SUIIIX:			House nam	IC.		_ 	
Locality:] T	
Town:										
Postcode:]							
Name:]							
Name: Number:			Suffix:			House nam	ne:		-	
Street:			0.11/1]]	
Locality:									ļ	
Town:										
Postcode:]							
ītle: Mr		First name:	Simon				Surname:	Foulkes		
Person role:	Agent	n st ridille.	_L	laration date:	12/02/2	2016		I UUIKES	\boxtimes	Declaration made
CI SOLLI DIE:	Agent				12/02/.	2010			\square	

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.

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 \boxtimes Date 12/02/2016