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Development Management  
Camden Town Hall Extension  
Argyle Street  
London WC1H 8EQ

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:	<input type="text" value="Mr"/>	First Name:	<input type="text" value="David"/>	Surname:	<input type="text" value="Byrne"/>
Company name:	<input type="text" value="Virgin Trains East Coast (VTEC)"/>				
Street address:	<input type="text" value="East Coast House"/>				
	<input type="text" value="25 Skeldergate"/>	Telephone number:	<input type="text"/>		
	<input type="text"/>	Mobile number:	<input type="text"/>		
Town/City:	<input type="text" value="York"/>	Fax number:	<input type="text"/>		
Country:	<input type="text" value="England"/>	Email address:	<input type="text"/>		
Postcode:	<input type="text" value="YO16DH"/>		<input type="text"/>		
Are you an agent acting on behalf of the applicant?		<input checked="" type="radio"/> Yes <input type="radio"/> No			

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

Title:	<input type="text" value="Mr"/>	First Name:	<input type="text" value="Aaron"/>	Surname:	<input type="text" value="Francis"/>
Company name:	<input type="text" value="Strzala Architects"/>				
Street address:	<input type="text" value="Studio 103, The Courtyard"/>				
	<input type="text" value="Royal Mills"/>	Telephone number:	<input type="text" value="01612365866"/>		
	<input type="text" value="Ancoats"/>	Mobile number:	<input type="text"/>		
Town/City:	<input type="text" value="Manchester"/>	Fax number:	<input type="text"/>		
Country:	<input type="text"/>	Email address:	<input type="text"/>		
Postcode:	<input type="text" value="M4 5BA"/>		<input type="text" value="aaron@strzarch.co.uk"/>		

### 3. Description of the Proposal

Please describe the proposed works:

The proposed occupational health facility to be located in Room 211, Second Floor Western Range of buildings provides two consulting rooms each equipped with a couch, desk and chairs and an audiometric booth, as well as necessary storage and hand washing facilities. The facility also provides a waiting area with sign-in desk and storage.  
The proposal calls for the erection of internal partition walls and new floor finishes, as well as fixtures and fittings.  
The design requires no demolition, no new structural openings to be made and no alteration to historic features.

Has the work already started?  Yes  No

#### 4. Site Address Details

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

House:  Suffix:

House name:

Street address:

Town/City:

Postcode:

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

Easting:

Northing:

Description:

Listed Building Application for proposed Occupational Health Facility on the Second Floor (existing Room 211) of Western Range Buildings at London King's Cross Station by Strzala Architects on behalf of Virgin Trains East Coast. The design requires no new structural openings to be made and no alteration to or obscuring of the historic features.

#### 5. Related Proposals

Are there any current applications, previous proposals or demolitions for the site?

Yes  No

#### 6. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

Yes  No

#### 7. Neighbour and Community Consultation

Have you consulted your neighbours or the local community about the proposal?

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 provide a description of existing and proposed materials and finishes to be used in the build (demolition excluded):

##### Ceiling - description:

Description of *existing* materials and finishes:

Existing Ceiling & cornice retained.

Description of *proposed* materials and finishes:

New suspended 600mm grid system in consulting rooms, new suspended fire rated plasterboard ceiling in waiting area.

##### Floors - description:

Description of *existing* materials and finishes:

Existing blue-coloured carpet tiles removed.

Description of *proposed* materials and finishes:

## 9. Materials

Hygenic vinyl sheet flooring in consulting rooms.  
Carpet tiles in waiting room.

### Internal Doors - description:

Description of *existing* materials and finishes:

Existing Room 211 door removed.

Description of *proposed* materials and finishes:

Retained in safe storage for future re-use.

### Internal Walls - description:

Description of *existing* materials and finishes:

Existing internal walls repainted with washable matt vinyl RAL 9010 Pure White.

Description of *proposed* materials and finishes:

New partition walls 60 min. fire rated acoustic partition finished with washable matt vinyl RAL 9010 Pure White paint.

### Lighting - description:

Description of *existing* materials and finishes:

Existing pendant lighting removed.

Description of *proposed* materials and finishes:

New 600mm grid luminaires in consulting room.  
New recessed & pendant LED downlights in waiting area.

### Windows - description:

Description of *existing* materials and finishes:

Existing windows retained unaltered.

Description of *proposed* materials and finishes:

No changes.

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:

Please refer to;

2535-202 Proposed KX Occupational Health Facility GA Plan;  
2535-203 Proposed KX Occupational Health Facility Elevations AA, BB & CC  
2535-204 Proposed KX Occupational Health Facility Reflected Ceiling Plan;  
2535-205 Proposed KX Occupational Health Facility Wall Finishes Plan  
2535-206 Proposed KX Occupational Health Facility Elec & Data;  
2535-207 Proposed KX Occupational Health Facility Door Elevations & Details  
2535-HS01 Heritage Statement

## 10. Demolition

Does the proposal include total or partial demolition of a listed building?

Yes  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).

## 11. Listed building alterations

State references for these plan(s)/drawing(s):

Please refer to Drawings and Heritage / Design & Access Statement.

## 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)?

Don't know  Grade I  Grade II\*  Grade II

Is it an ecclesiastical building?

Don't know  Yes  No

## 13. Immunity from Listing

Has a Certificate of Immunity from listing been sought in respect of this building?

Yes  No

## 14. 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

## 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.

Owner/Agricultural Tenant	Date notice served
Name: <input type="text" value="Network Rail"/>	<input type="text" value="11/04/2016"/>
Number: <input type="text"/> Suffix: <input type="text"/> House name: <input type="text"/>	
Street: <input type="text" value="1 Eversholt Street"/>	
Locality: <input type="text"/>	
Town: <input type="text" value="London"/>	
Postcode: <input type="text" value="NW12DN"/>	
Title: <input type="text" value="Mr"/> First name: <input type="text" value="Aaron"/> Surname: <input type="text" value="Francis"/>	
Person role: <input type="text" value="AGENT"/> Declaration date: <input type="text" value="02/05/2016"/> <input checked="" type="checkbox"/> Declaration made	

## 16. 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