

Email: planning@camden.gov.uk

Phone: 020 7974 4444 Fax: 020 7974 1680 Development Management Camden Town Hall Extension Argyle Street London WC1H 8EQ

Application for approval of details reserved by condition. Town and Country Planning Act 1990 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 N	ame, Address a	nd Contact De	tails			
Title:	First Name:				Surname:	na
Company name:	Willmott Dixon					
Street address:	c/o agent					
				Telephone numb	er:	
				Mobile number:		
Town/City:				Fax number:		
Country:				Email address:		
Postcode:						
	acting on behalf of the		<u> </u>	Yes N	lo	
Title: Mr	First Name:	David			Surname:	Whittington
Company name:	Savills					
Street address:	33 Margaret Street					
				Telephone numb	oer: 0207	5579997
				Mobile number:		
Town/City:	London			Fax number:		
Country:				Email address:		
Postcode:	W1G0JD			dwhittington@sa	avills.com	

3. Site Addres	ss Details			
Full postal addre	ess of the site (including full postcode where available)	Description:		
House:	Suffix:			
House name:	Royal Free Hospital			
Street address:	Pond Street			
Town/City:	LONDON			
Postcode:	NW3 2QG			
	ocation or a grid reference eted if postcode is not known):			
Easting:	527297			
Northing:	185410			
4. Pre-applica	ation Advice			
Has assistance of	or prior advice been sought from the local authority about this	application?	Yes <a> N	lo
5. Description	n of the Proposal			
	a description of the approved development as shown on the d			
	xisting carpark and ancillary structures and erection of new 7 th Strange Garden site facing west to Hampstead Green foot			
	ntaining laboratory/research space for Institute for Immunity and a patient hotel, Royal Free Charity offices plus a replacement			
58 spaces, repla	acement memorial garden, plant and landscaping, all ancillar			
Hospital.				
Application refere		Da	ate of decision:	25/04/2016
Condition number	condition number(s) to which this application relates: er(s):			
Application for the	the approval of details required under condition 20 of planning	g permission dated 25 April 2	.016	
Has the develop	ment already started? Ves No			
6. Discharge	of Condition(s)			
	,			
	a full description and/or list of the materials/details that are be	ing submitted for approval:		İ
see attached do	ocument			
7. Part Discha	arge of Condition(s)			
Are you seeking	to discharge only part of a condition?	0	Yes No	
8. Site Visit				
Can the site be s	seen from a public road, public footpath, bridleway or other p	ublic land?	Yes No	
If the planning au	uthority needs to make an appointment to carry out a site vis	t, whom should they contact?	? (Please select on	lly one)

8. Site Visit			
9. 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	Date	27/05/2016	

true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

27/05/2016

 \checkmark

Date