

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 Name, Address and Contact Details								
Title:	First Name:		Surname:	University College London Hospitals				
Company name:	University College London Hospitals NHS Foundation Trust (UCLH)							
Street address:	C/O Agent							
		Telephone numb	er:					
		Mobile number:						
Town/City:		Fax number:						
Country:		Email address:						
Postcode:								
Are you an agent acting on behalf of the applicant?		🖲 Yes 🔾 N	lo					

2. Agent Name, Address and Contact Details						
Title: Miss	First Name:	Emily		Surname:	Cochrane	
Company name:	JLL					
Street address:	30 Warwick Street					
			Telephone numb	oer: 0203	1471632	
			Mobile number:			
Town/City:	London		Fax number:			
Country:			Email address:			
Postcode:	W1B 5NH		emily.cochrane@	@eu.jll.com		

3. Site Addres	ss Details					
Full postal addre	ss of the site (including full postcode where available	e) Description:				
House:	Suffix:					
House name:	Former Royal Ear Hospital and Former Student Union Building					
Street address:	Capper Street / Huntley Street					
Town/City:	LONDON					
Postcode:	WC1E 6AP					
	cation or a grid reference eted if postcode is not known):					
Easting:	529558					
Northing:	182125					
4. Pre-applica	tion Advice					
Has assistance of	or prior advice been sought from the local authority a	about this application?				
5. Description	n of the Proposal					
Please provide a	description of the approved development as shown	on the decision letter:				
Erection of a 6 s		orey basement, comprising a head and neck outpatient hospital (Class D1) following				
Application refere	ence number: 2015/1281/P	Date of decision: 20/01/2016				
Please state the Condition number	condition number(s) to which this application relates	S				
Condition 11						
Has the development already started? O Yes O No						
6. Discharge	of Condition(s)					
	full description and/or list of the materials/details the	at are being submitted for approval: nanufacturers specification should be provided demonstrating that NOx emissions				
		talled in accordance with the approved details and thereafter maintained.				
7. Part Discha	arge of Condition(s)					
Are you seeking	to discharge only part of a condition?	🔾 Yes 💿 No				
8. Site Visit						
Can the site be s	een from a public road, public footpath, bridleway o	r other public land? 💿 Yes 🔘 No				

8. Site Visit					
The agent	The applicant	Other person			
9. Declaration					$\neg$
		consent as described in this form and the accompanying plans/ confirm that, to the best of my/our knowledge, any facts stated are	Date	01/09/2016	

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

01/09/2016

 $\checkmark$ 

Date

Planning Portal Reference : PP-05453901