

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:		S	urname:	c/o Agent	
Company name:	Great Ormond Stre	eet Hospital Childrens Charity				
Street address:	c/o Agent					
			Telephone number:			
			Mobile number:			
Town/City:			Fax number:			
Country:			Email address:			
Postcode:						
Are you an agent acting on behalf of the applicant?						
2. Agent Name	, Address and C	Contact Details				
2. Agent Name	e, Address and C	Contact Details Alice	s	urname:	Broomfield	
			s	urname:	Broomfield	
Title: Miss	First Name:		s	urname:	Broomfield	
Title: Miss Company name:	First Name:		S Telephone number:		Broomfield 0041741	
Title: Miss Company name:	First Name: DP9 Ltd DP9 Ltd					
Title: Miss Company name:	First Name: DP9 Ltd DP9 Ltd		Telephone number:			
Title: Miss Company name: Street address:	First Name: DP9 Ltd DP9 Ltd 100 Pall Mall		Telephone number:			

3. Site Addres	ss Details						
Full postal addre	ess of the site (including full postcode where available)	Description:					
House:	20 Suffix:						
House name:							
Street address:	Guilford Street						
Town/City:	LONDON						
Postcode:	WC1N 1DZ						
	ocation or a grid reference eted if postcode is not known):						
Easting:	530617						
Northing:	182188						
4. Pre-applica	ation Advice						
Has assistance of	or prior advice been sought from the local authority abou	t this application? Yes No					
5. Description	n of the Proposal						
	a description of the approved development as shown on a hospital research building following the demolition of an						
Application refere		Date of decision: 10/06/2015					
	condition number(s) to which this application relates:	Date of decision. 10/00/2010					
Condition number	` ,						
10 and 18							
Has the develop	ment already started? Yes No If Yes, p	lease state when the development was started: 20/08/2015					
Has the develop	ment been completed? Yes No						
6. Discharge	of Condition(s)						
_							
Please provide a full description and/or list of the materials/details that are being submitted for approval:							
Please refer to o	covering letter.						
7. Part Discha	arge of Condition(s)						
Are you eacking	to discharge only part of a condition?	O Yea @ No					
Are you seeking	to discharge only part of a condition?						
8. Site Visit							
Con the site he -	coop from a public road, public foots at he bridge or a state	or public land?					
Can the site be seen from a public road, public footpath, bridleway or other public land? Yes No							
		e visit, whom should they contact? (Please select only one)					
The agent	The applicantOther person						

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

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Date

30/01/2017