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## 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 Na                                     | ame, Address an    | d Contact Details             |                |          |           |
|---|--------------------|-------------------------------|----------------|----------|-----------|
| Title:  | First Name:        |                               |                | Surname: | c/o Agent |
| Company name:                                       | Great Ormond Stree | et Hospital Childrens Charity |                |          |           |
| Street address:                                     | dress: c/o Agent   |                               |                |          |           |
|   |                    |                               | Telephone numb | oer:     |           |
|   |                    |                               | Mobile number: |          |           |
| Town/City:  |                    |                               | Fax number:    |          |           |
| Country:  |                    |                               | Email address: |          |           |
| Postcode:   |                    |                               |                |          |           |
| Are you an agent acting on behalf of the applicant? |                    | 🖲 Yes 🔵 N                     | 10             |          |           |

| 2. Age   | ent Name  | , Address and C | Contact Details |                            |           |             |  |
|----------|-----------|-----------------|-----------------|----------------------------|-----------|-------------|--|
| Title:   | Miss      | First Name:     | Alice           |                            | Surname:  | Broomfield  |  |
| Compa    | iny name: | DP9 Ltd         |                 |                            |           |             |  |
| Street a | address:  | DP9 Ltd         |                 |                            |           |             |  |
|          |           | 100 Pall Mall   |                 | Telephone numb             | oer: 0207 | 02070041741 |  |
|          |           |                 |                 | Mobile number:             |           |             |  |
| Town/C   | City:     | London          |                 | Fax number:                |           |             |  |
| Country  | y:        |                 |                 | Email address:             |           |             |  |
| Postco   | de:       | SW1Y 5NQ        |                 | alice.broomfield@dp9.co.uk |           |             |  |

| 3. Site Addres                            | ss Details  |                 |                     |           |                        |                       |            |   |
|---|---|-----------------|---------------------|-----------|------------------------|-----------------------|------------|---|
| Full postal addre                         | ss of the site (including                             | g full postcode | where available     | e)        | Description:           |                       |            |   |
| House:                                    |   | Suffix:         |                     |           |                        |                       |            |   |
| House name:                               | 20  |                 |                     |           |                        |                       |            |   |
| Street address:                           | Guilford Street                                       |                 |                     |           |                        |                       |            |   |
|   | [   |                 |                     |           |                        |                       |            |   |
|   |   |                 |                     |           |                        |                       |            |   |
| Town/City:                                | LONDON  |                 |                     |           |                        |                       |            |   |
| Postcode:                                 | WC1N 1DZ  |                 |                     |           |                        |                       |            |   |
|   |   |                 |                     | l         |                        |                       |            |   |
|   | cation or a grid referer<br>eted if postcode is not l |                 |                     |           |                        |                       |            |   |
| Easting:                                  | 530624  |                 |                     |           |                        |                       |            |   |
| Northing:                                 | 182190  |                 |                     |           |                        |                       |            |   |
|   |   |                 |                     |           |                        |                       |            |   |
| 4. Pre-applica                            | tion Advice   |                 |                     |           |                        |                       |            |   |
|   |   |                 |                     |           |                        |                       |            |   |
| Has assistance of                         | or prior advice been so                               | ught from the   | local authority a   | bout thi  | s application?         | 🔾 Yes 💿               | No         |   |
|   |   |                 |                     |           |                        |                       |            |   |
| 5. Descriptior                            | of the Proposal                                       |                 |                     |           |                        |                       |            |   |
|   |   |                 |                     |           |                        |                       |            |   |
|   | description of the app<br>hospital research buil      |                 |                     |           |                        | 33                    |            | _ |
|   |   |                 |                     |           |                        |                       | 40/00/2045 |   |
| Application refer                         | condition number(s) to                                | 2014/6068/      |                     |           |                        | Date of decision:     | 10/06/2015 |   |
| Condition number                          |   |                 |                     |           |                        |                       |            |   |
| 4(c)                                      |   |                 |                     |           |                        |                       |            |   |
| Has the develop                           | ment already started?                                 | Yes             | 🔵 No 🛛 lf Ye        | es, pleas | e state when the deve  | elopment was started: | 20/08/2015 |   |
| Has the develop                           | ment been completed?                                  | Q Yes           | No                  |           |                        |                       |            |   |
|   |   |                 |                     |           |                        |                       |            |   |
| 6 Discharge                               | of Condition(s)                                       |                 |                     |           |                        |                       |            |   |
| o. Discharge                              | or contaition(3)                                      |                 |                     |           |                        |                       |            |   |
| Please provide a                          | full description and/or                               | list of the mat | erials/details that | at are be | eing submitted for app | roval:                |            |   |
| Please refer to o                         | covering letter.                                      |                 |                     |           |                        |                       |            |   |
|   |   |                 |                     |           |                        |                       |            |   |
| 7. Part Discha                            | arge of Condition(                                    | s)              |                     |           |                        |                       |            |   |
| A   | te die de   |                 | 0                   |           |                        |                       |            |   |
|   | to discharge only part                                |                 |                     |           |                        | 🖲 Yes 🔘 No            |            |   |
| If Yes, please ind<br>Part C of condition | dicate which part of the                              | condition you   | r application rel   | ates to:  |                        |                       |            |   |
|   | on - ony.   |                 |                     |           |                        |                       |            |   |

## 8. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?

💿 Yes 🕥 No

| 8. Site Visit   |
|---|
| If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) <ul> <li>The agent</li> <li>The applicant</li> <li>Other person</li> </ul>   |
| 9. Declaration  |
| I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/<br>drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are<br>true and accurate and any opinions given are the genuine opinions of the person(s) giving them. |