

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 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 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 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 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) The agent The applicant Other 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.