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Development Management  
Camden Town Hall Extension  
Argyle Street  
London WC1H 8EQ

Application for a non-material amendment following a grant of planning permission.  
Town and Country Planning 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:	<input type="text"/>	First Name:	<input type="text"/>	Surname:	<input type="text" value="University College London Hospitals"/>
Company name:	<input type="text"/>				
Street address:	<input type="text" value="c/o agent"/>				
	<input type="text"/>	Telephone number:	<input type="text"/>		
	<input type="text"/>	Mobile number:	<input type="text"/>		
Town/City:	<input type="text"/>	Fax number:	<input type="text"/>		
Country:	<input type="text"/>	Email address:	<input type="text"/>		
Postcode:	<input type="text"/>	<input type="text"/>			
Are you an agent acting on behalf of the applicant?		<input checked="" type="radio"/> Yes <input type="radio"/> No			

**2. Agent Name, Address and Contact Details**

Title:	<input type="text" value="Miss"/>	First Name:	<input type="text" value="Emily"/>	Surname:	<input type="text" value="Cochrane"/>
Company name:	<input type="text" value="JLL"/>				
Street address:	<input type="text" value="30 Warwick Street"/>				
	<input type="text"/>	Telephone number:	<input type="text" value="02031471632"/>		
	<input type="text"/>	Mobile number:	<input type="text"/>		
Town/City:	<input type="text" value="London"/>	Fax number:	<input type="text"/>		
Country:	<input type="text"/>	Email address:	<input type="text"/>		
Postcode:	<input type="text" value="W1B 5NH"/>	<input type="text" value="emily.cochrane@eu.jll.com"/>			

### 3. Site Address Details

Full postal address of the site (including full postcode where available)

Description:

House:  Suffix:

House name:

Street address:

Town/City:

Postcode:

Description of location or a grid reference  
(must be completed if postcode is not known):

Easting:

Northing:

### 4. Eligibility

Do you, or the person on whose behalf you are making this application, have an interest in the part of the land to which this amendment relates?  Yes  No

If you are not the sole owner, has notification under article 10 of the Town and Country Planning (Development Management Procedure) (England) Order 2015 been given?  Yes  No  Not Applicable

Person notified	Address	Date of notification (DD/MM/YYYY)
<input type="text"/>	Number: <input type="text"/> Suffix: <input type="text"/> House name: <input type="text"/> Street: <input type="text"/> <input type="text"/> <input type="text"/> Town: <input type="text"/> Postcode: <input type="text"/>	<input type="text"/>

### 5. Description of Your Proposal

Description of Approved Development:

Redevelopment of the former Odeon site and demolition of the Rosenheim Building to provide a Proton Beam Therapy (PBT) cancer treatment facility and day surgery facilities in 4 levels of basement; inpatient medical facilities and a ground floor retail unit (175 sq m approximate GIA) in a 7 storey development above ground (34,596.5 sq m GIA in total) including roof plant, a new pedestrian entrance on corner of Grafton Way and Huntley Street, a new service entrance on Huntley Street, a ground floor drop-off area off Grafton Way, and three roof gardens; and the relocation of the oxygen tanks to University Street frontage inside a new enclosure.

Reference number:

\*Date of decision (DD/MM/YYYY):

What was the original application type?

For the purpose of calculating fees, which of the following best describes the original application type?

- Householder development:** Development to an existing dwelling-house or development within its curtilage
- Other:** anything not covered by the above category

## 6. Non-Material Amendment(s) Sought

\*Please describe the non-material amendment(s) you are seeking to make:

Amendment to the wording of Condition 22. Please refer to covering letter.

Are you intending to substitute amended plans or drawings?

Yes  No

Please state why you wish to make this amendment:

Please refer to covering letter.

## 7. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

Yes  No

If Yes, please complete the following information about the advice you were given (this will help the authority to deal with this application more efficiently):

Officer name:

Title:  First name:  Surname:

Reference:

Date (DD/MM/YYYY):  (Must be pre-application submission)

Details of the pre-application advice received:

## 8. Site Visit

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

Yes  No

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. Authority Employee/Member

With respect to the Authority, I am:

- (a) a member of staff
- (b) an elected member
- (c) related to a member of staff
- (d) related to an elected member

Do any of these statements apply to you?

Yes  No

## 10. 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.



Date