

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: See below								
Company name:	University College London Hospitals NHS Foundation Trust									
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 Contact Details										
Title: Mrs	First Name: Sarah	Surname: Roe								
Company name:	JLL									
Street address:	30 Warwick Street									
		Telephone number: 07702778013								
		Mobile number: 02031471019								
Town/City:	London	Fax number:								
Country:	UK	Email address:								
Postcode:	W1B 5NH	sarah.roe@eu.jll.com								

3. Site Addres	ss Details	3						
Full postal addre	ss of the sit	e (including full postcod	le where available)	Description:				
House:		Suffix:						
House name:	Former Ro Building	oyal Ear Hospital and St	udent Union					
Street address:	ss: Capper Street/Huntley Street							
Town/City:	London							
Postcode:	WC1E 6AP							
Description of lo (must be comple		grid reference ode is not known):						
Easting:	529518							
Northing:	182064							
4. Pre-applica	ition Adv	ice						
			- l l	od dhi a anniisadia nO	O V O	NI-		
	-	ce been sought from the	-			No		
•	mplete the	following information ab	out the advice you w	vere given (this will help	the authority to deal with tr	is application more efficiently):		
Officer name:		0			0			
Title: Ms	First	name: Seonaid			Surname: Carr			
Reference:								
Date (DD/MM/Y)	· L		e pre-application sub	omission)				
It was agreed w	ith Ms Carr	n advice received: that detailed information c Council at a later date			surrounding highway could	not be provided as these works		
5. Description	of the P	roposal						
-	-	of the approved develo	•		n a head and neck outnatier	nt hospital (Class D1) following		
		CL Student Union and R			g a rioda and riook outpation	it floophal (class 21) following		
Application referen	ence numbe	er: 2015/1281	I/P		Date of decision:	20/01/2016		
Please state the Condition numbe		umber(s) to which this a	pplication relates:					
20	,,(0).							
Has the develop	ment alread	y started?	<ul><li>No</li></ul>					
6. Discharge	of Condit	ion(s)						
Diagon ' I	. <b>4</b> 11 -1	tion and/ordist for	atariala/d-t-9 d	on halon solutions (c. 17				
See accompany		tion and/or list of the mage letter.	aterials/details that a	are being submitted for	арргоvаі:			

7. Part Discharge of Condition(s)								
Are you seeking to discharge only part of a condition?	) Ye	es 💿	No					
8. Site Visit								
Can the site be seen from a public road, public footpath, bridleway or other public land?	<ul><li>Y</li></ul>	es 🔾	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								
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 true and accurate and any opinions given are the genuine opinions of the person(s) giving them.		~	Date	13/06/2017				