

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 aı	nd Contact Details					
Title:	First Name:			Surname:	c/o Agent		
Company name:	Great Ormond Stre	et 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 th	e applicant?	Yes	lo			
2. Agent Name	, Address and C	ontact Details					
Title: Miss	First Name:	Alice		Surname:	Broomfield		
Company name:	DP9 Ltd	Tilloc	<u></u>	ourname.	Diodifficia		
Street address:	DP9 Ltd						
Street address.			 	0007	2011711		
	100 Pall Mall		Telephone numb	er: 02070	0041741		
			Mobile number:				
Town/City:	London		Fax number:				
Town/City: Country:	London						

3. Site Addres	ss Details
Full postal addres	ss of the site (including full postcode where available) Description:
House:	Suffix:
House name:	
Street address:	20 Guilford Street
Town/City:	LONDON
Postcode:	WC1N 1DZ
	cation or a grid reference eted if postcode is not known):
Easting:	530624
Northing:	182190
4. Pre-applica	ation Advice
Has assistance o	or prior advice been sought from the local authority about this application?
<u> </u>	
5. Description	of the Proposal
Please provid-	description of the approved development as shown on the decision letter.
	description of the approved development as shown on the decision letter: hospital research building following the demolition of an existing computer facility".
Application refere	
Please state the	condition number(s) to which this application relates:
Condition numbe 4 (a) and 4 (b)	श(S):
	ment already started? Yes No If Yes, please state when the development was started: 20/08/2015
Has the developr	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 c	
7. Part Discha	arge of Condition(s)
Are you seeking	to discharge only part of a condition?
	dicate which part of the condition your application relates to:
Parts A and B.	
8. Site Visit	
Can the site be s	seen from a public road, public footpath, bridleway or other public land?

8. Site Visit				
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Pl	ease sel	ect only o	ne)	
The agent				
O. Developed to a				_
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.	~	Date	21/08/2017	