

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 N	lame, Address and Contact Details	
Title:	First Name:	Surname: N/A
Company name:	GREAT ORMOND STREET HOSPITAL CHILDREN'S 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 the applicant?	Yes No
2. Agent Name	e, Address and Contact Details	
Title: Miss	First Name: Alice	Surname: Broomfield
Company name:	DP9 Ltd	
Street address:	DP9 Ltd	
	100 Pall Mall	Telephone number: 02070041700
		Mobile number:
Town/City:	London	Fax number:
Country:		Email address:
Postcode:	SW1Y 5NQ	

3. Site Addre	ss Details	
Full postal addre	ess of the site (including full postcode where available)) Description:
House:	Suffix:	
House name:	20	
Street address:	Guilford Street	
Town/City:	LONDON	
Postcode:	WC1N 1DZ	
	ocation or a grid reference	
	eted if postcode is not known):	
Easting:	530624	
Northing:	182190	
4.5		
4. Pre-applica	ation Advice	
Has assistance	or prior advice been sought from the local authority ab	oout this application?
5. Description	n of the Proposal	
Please provide a	a description of the approved development as shown o	on the decision letter:
	hospital research building following the demolition of	
Application refer	rence number: 2014/6068/P	Date of decision: 10/06/2015
	condition number(s) to which this application relates:	
Condition number 20	er(s):	
	ment already started? Yes No If Yes	s, please state when the development was started: 20/08/2015
nas the develop	ment already started? Yes No If Yes	s, please state when the development was started: 20/08/2015
Has the develop	ment been completed? Yes No	
6. Discharge	of Condition(s)	
	a full description and/or list of the materials/details that 64_ SK_2348 Rev 0: External Works Proposed Tree F	
	5 Rev 0: Details Note 05 – Planning Condition 20	
	(0 ()	
7. Part Disch	arge of Condition(s)	
Are you sooking	to discharge only part of a condition?	
Are you seeking	to discharge only part of a condition?	Tes e No
8. Site Visit		
Can the site he	seen from a public road, public footpath, bridleway or	other public land?
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ii uie piaiilililig a	unionly needs to make an appointment to carry out a :	site visit, whom should they contact? (Please select only one)

8. Site Visit			
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	Date	08/12/2017	

true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

08/12/2017

 \checkmark

Date