

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: 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?				
2. Agent Name, 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 Addres	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			
. 00.0000.				
	ocation or a grid reference eted if postcode is not known):			
Easting:	530624			
Northing:	182190			
4. Pre-applica	ation Advice			
Has assistance or prior advice been sought from the local authority about this application?				
5. Description	n of the Proposal			
•	•			
	a description of the approved development as shown on			
Erection of new	hospital research building following the demolition of an	existing computer facility.		
Application reference number: 2014/6068/P Date of decision: 10/06/2015				
Please state the condition number(s) to which this application relates:  Condition number(s):				
13				
Has the develop	oment already started?   Yes  No If Yes, p	elease state when the development was started: 20/08/2015		
has the develop	oment been completed?   Yes   No			
6. Discharge	of Condition(s)			
Please provide a	a full description and/or list of the materials/details that a	to being submitted for approval:		
Please provide a full description and/or list of the materials/details that are being submitted for approval:  Please refer to covering letter.				
7 Dort Dioch	orga of Condition(s)			
7. Part Dische	arge of Condition(s)			
Are vou seeking	to discharge only part of a condition?			
The year sectang	to disoriarge only part of a condition.			
8. Site Visit				
Con the self of	and from a multiplicate of multiplicate of the state of t	over multiplened 2		
Can the site be seen from a public road, public footpath, bridleway or other public land?    Yes   No  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	<ul><li>The applicant</li><li>Other person</li></ul>			

## 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.

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Date

12/12/2017