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Application for 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 Na | ame, Address ai | nd Contact Details | | | |
|------------------|------------------------|--------------------|----------------|----------|------------|
| Title: DR | First Name: | NYARAI FLORA | | Surname: | CHIGWEDERE |
| Company name: | Covent Garden De | ntal Spa | | | |
| Street address: | Covent Garden De | ntal Spa | | | |
| | 68a Neal St | | Telephone numb | er: | |
| | | | Mobile number: | | |
| Town/City: | LONDON | | Fax number: | | |
| Country: | | | Email address: | | |
| Postcode: | WC2H 9PA | | | | |
| Are you an agent | acting on behalf of th | ne applicant? | 🔾 Yes 💿 N | lo | |

2. Agent Name, Address and Contact Details

No Agent details were submitted for this application

3. Description of the Proposal

Please describe the proposed development including any change of use:

The current space was an office. It currently has B1 use. It has been vacant for 2 years. I would like to change this to dual B1/D1 for a Dental practice

I am a dentist and I am the owner and director of the Covent Garden Dental Spa. The Covent Garden Dental Spa is currently located at 68a Neal St where we have been for nearly 10 years but the lease expires in July 2018. I am looking to relocate to basement and ground of 15 Grape St which is a 5 minute walk from my current location.

15 Grape St was an office. It currently has B1 use. I am requesting a change of use from B1 to B1/D1 for 15 Grape St. The property at 68a Neal St will revert back to a B1 property and will no longer have the D1 use.

I will be providing dental care to the residential community and local businesses. I employ a team of 12 people.

I strongly believe my dental practice contributes to the diversity of services of the Covent Garden and the 7 dials area provide. I also believe that allowing 15 Grape St to become a D1 use will not cause any harm to the amenity of the area.

I have work force 12 people strong. With the move, I will be able to expand and employ even more, on opening, we would need to employ an additional 5 members of staff. Allowing the change of use will not result in reduced in employment. If anything, it will strengthen employment figures in Camden.

Has the building, work or change of use already started?

| 4. Site Addres | ess of the site (including full postcode where available) | Description: |
|--|--|--|
| House: House name: Street address: | 15 Suffix: Ground and Basement floors Grape Street | THIS APPLICATION IS FOR THE GROUND AND BASEMENT FLOORS ONLY |
| Town/City: | Ground and basement LONDON | |
| Postcode: | WC2H 8DR | |
| | ocation or a grid reference eted if postcode is not known): | |
| Easting: | 530161 | |
| Northing: | 181371 | |
| | | |
| 5. Pre-applica | ation Advice | |
| Has assistance of | or prior advice been sought from the local authority abou | ut this application? |

| 6. Pedestrian and Vehicle Access, Roads and Rights of Way | | | | |
|---|------------|-----|---|----|
| Is a new or altered vehicle access proposed to or from the public highway? | \bigcirc | Yes | ۲ | No |
| Is a new or altered pedestrian access proposed to or from the public highway? | \bigcirc | Yes | ۲ | No |
| Are there any new public roads to be provided within the site? | \bigcirc | Yes | ۲ | No |
| Are there any new public rights of way to be provided within or adjacent to the site? | \bigcirc | Yes | ۲ | No |
| Do the proposals require any diversions/extinguishments and/or creation of rights of way? | \bigcirc | Yes | ۲ | No |

| 7. Waste Storage and Collection | | |
|---|-----|------|
| Do the plans incorporate areas to store and aid the collection of waste? | Yes | No |
| Have arrangements been made for the separate storage and collection of recyclable waste? | Yes | O No |
| If Yes, please provide details: | | |
| We have a contract with Veolia for two times daily collection of daily waste and recycled waste We have a contract with SRCL for weekly collections of our clinical waste. | | |

| 8. 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 |

| 9. Materials | | | | | |
|--|---------------------------------------|--------------------|---------------------------|----------------|---|
| | | | | | |
| Please state what materials (including type, cold | our and name) are to be used | externally (if app | olicable): | | |
| Doors - description: Description of <i>existing</i> materials and finishes: | | | | | |
| None | | | | | |
| Description of <i>proposed</i> materials and finishes: | | | | | |
| Timber doors in new walls which will form partit | ions, lead lined where necess | ary | | | |
| Walls - description: Description of <i>existing</i> materials and finishes: | | | | | |
| No existing internal partitions | | | | | |
| Description of <i>proposed</i> materials and finishes: | | | | | |
| Internal Partitions - demountable partitions - pla | ster and paint decorated. Lea | nd lined where ne | ecessary | | |
| Are you supplying additional information on sub | , | - | tatement? | 💿 Yes 🔾 No | |
| If Yes, please state references for the plan(s)/dr Drawings have been supplied - please refer to | | tatement: | | | ٦ |
| I have also provided a design and access state | ment | | | | |
| Images of current design have also been provid | led | | | | |
| | | | | | |
| 10. Vehicle Parking | | | | | |
| | | | | | |
| No Vehicle Parking details were submitted for th | is application | | | | |
| | | | | | |
| 11. Foul Sewage | | | | | |
| | | | | | |
| Please state how foul sewage is to be disposed | | _ | | _ | |
| Mains sewer 🗹 Pac | kage treatment plant | | Unknown | | |
| Septic tank Ces | s pit | | Other | | |
| Are you proposing to connect to the existing dra | inage system? | 🖲 Yes 🔾 N | o 🕥 Unknown | | |
| If Yes, please include the details of the existing | · · · · · · · · · · · · · · · · · · · | - | references for the plan(s | s)/drawing(s): | _ |
| Please refer to the Site Plan which shows the lo | ocation of the existing drainag | e system | | | |
| | | | | | |
| 12. Assessment of Flood Risk | | | | | |
| Is the site within an area at risk of flooding? (Re flood zones 2 and 3 and consult Environment Ag requirements for information as necessary.) | | | | | |
| | | | | 🔾 Yes 💿 No | |
| If Yes, you will need to submit an appropriate flo | ood risk assessment to consid | er the risk to the | proposed site. | | |
| Is your proposal within 20 metres of a watercour | se (e.g. river, stream or beck) |)? | | 🔾 Yes 💿 No | |
| Will the proposal increase the flood risk elsewhe | ere? | | | 🔾 Yes 💿 No | |
| How will surface water be disposed of? | | | | | |
| Sustainable drainage system | Main sewer | | Pond/lake | | |
| Soakaway | Existing watercourse | | | | |

13. Biodiversity and Geological Conservation

To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.

| 13. Biodiversity and Geological Conservation | | | | |
|--|------------|---|------|---------------|
| | | | | |
| Having referred to the guidance notes, is there a reasonable application site, OR on land adjacent to or near the applicat | | elihood of the following being affected adversely or conserved and enh site: | ance | ed within the |
| a) Protected and priority species | | | | |
| Yes, on the development site | \bigcirc | Yes, on land adjacent to or near the proposed development | ۲ | No |
| b) Designated sites, important habitats or other biodiversity | feat | ures | | |
| Yes, on the development site | \bigcirc | Yes, on land adjacent to or near the proposed development | ۲ | No |
| c) Features of geological conservation importance | | | | |
| Yes, on the development site | \bigcirc | Yes, on land adjacent to or near the proposed development | ۲ | No |
| | | | | |
| 14. Existing Use | | | | |
| | | | | |

| A vacant office space since January 2016 | | | | |
|---|------------|--|--|--|
| Is the site currently vacant? | | | | |
| If Yes, please describe the last use of the site: | | | | |
| Cuban embassy | | | | |
| When did this use end (if known) (DD/MM/YYYY)? | 01/01/2016 | | | |
| Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination assessment with your application. | | | | |
| Land which is known to be contaminated? | 🔾 Yes 💿 No | | | |
| Land where contamination is suspected for all or part of the site? | 🔾 Yes 💿 No | | | |
| A proposed use that would be particularly vulnerable to the presence of contamination? | 🔾 Yes 💿 No | | | |

15. Trees and Hedges

Please describe the current use of the site:

| Are there trees or hedges on the proposed development site? | \bigcirc | Yes | ۲ | No |
|---|------------|-----|---|----|
| And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? | \bigcirc | Yes | ۲ | No |

If Yes to either or both of the above, you <u>may</u> need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.

16. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste?

🔾 Yes 💿 No

17. Residential Units

Does your proposal include the gain or loss of residential units?

🔾 Yes 💿 No

| Market Housing - Proposed | | | | | |
|---------------------------|---|-----|-----------|--------|---------|
| | | Num | ber of be | drooms | |
| | 1 | 2 | 3 | 4+ | Unknown |
| Bedsits/Studios | | | | | |

| Market Housing - Existing | | | | | | | | |
|---------------------------|-----|-----------|----------------------------|---|--|--|--|--|
| | Num | ber of be | drooms | | | | | |
| 1 | 2 | 3 | 4+ | Unknown | | | | |
| | | | | | | | | |
| | 1 | Num | Number of be 1 2 | Number of bedrooms 1 2 3 4+ | | | | |

17. Residential Units

| Market Housing - Proposed | | | | | | | | | |
|---------------------------|---------------|--------------------|--|--|---|--|--|--|--|
| | | Number of bedrooms | | | | | | | |
| | 1 2 3 4+ Unkn | | | | | | | | |
| Cluster Flats | | | | | | | | | |
| Flats/Maisonettes | | | | | 1 | | | | |
| Houses | | | | | | | | | |
| Live-Work Units | | | | | | | | | |
| Sheltered Housing | | | | | | | | | |
| Unknown | | | | | | | | | |

Proposed Market Housing Total

Social Rented Housing - Proposed

| ed | |
|----|--------------------|
| | Number of bedrooms |

| | 1 | 2 | 3 | 4+ | Unknown |
|-------------------|---|---|---|----|---------|
| Bedsits/Studios | | | | | |
| Cluster Flats | | | | | |
| Flats/Maisonettes | | | | | |
| Houses | | | | | |
| Live-Work Units | | | | | |
| Sheltered Housing | | | | | |
| Unknown | | | | | |

Proposed Social Housing Total

| | | Intermediate Housing - Proposed | | | | | | | |
|---|--------------------|---------------------------------|----|---------|--|--|--|--|--|
| | Number of bedrooms | | | | | | | | |
| 1 | 2 | 3 | 4+ | Unknown | | | | | |
| | | | | 1 | | | | | |
| | | | | 1 | | | | | |
| | | | | | | | | | |
| | | | | 1 | | | | | |
| | | | | 1 | | | | | |
| | | | | 1 | | | | | |
| | | | | 1 | | | | | |
| | | | | | | | | | |

Proposed Intermediate Housing Total

| Key Worker Housing - Proposed | | | | | | | |
|-------------------------------|---|-----|-----------|--------|---------|--|--|
| | | Num | ber of be | drooms | | | |
| | 1 | 2 | 3 | 4+ | Unknown | | |
| Bedsits/Studios | | | | | | | |
| Cluster Flats | | | | | | | |
| Flats/Maisonettes | | | İ | 1 | | | |
| Houses | | | | | | | |
| Live-Work Units | | | ĺ | | | | |
| Sheltered Housing | | | | | | | |
| Unknown | | | ĺ | | | | |

Proposed Key Worker Housing Total

| Market Housing - Existing | | | | | | | |
|-------------------------------|---|-----|-----------|--------|---------|--|--|
| | | Num | ber of be | drooms | | | |
| | 1 | 2 | 3 | 4+ | Unknown | | |
| Cluster Flats | | | | | | | |
| Flats/Maisonettes | | | | | | | |
| Houses | | | | | | | |
| Live-Work Units | | | | | | | |
| Sheltered Housing | | | | | | | |
| Unknown | | | | | | | |
| Existing Market Housing Total | | | | | 1 | | |

| Social Rented Housing - Existing | | | | | | | |
|----------------------------------|--------------------|---|---|----|---------|--|--|
| | Number of bedrooms | | | | | | |
| | 1 | 2 | 3 | 4+ | Unknown | | |
| Bedsits/Studios | | | | | | | |
| Cluster Flats | | | | ĺ | | | |
| Flats/Maisonettes | | | | | | | |
| Houses | | | | ĺ | | | |
| Live-Work Units | | | | İ | | | |
| Sheltered Housing | | | | | | | |
| Unknown | | | | | | | |

Existing Social Housing Total

| Intermediate Housing - E | Existing | | | | |
|--------------------------|----------|-----|-----------|--------|---------|
| | | Num | ber of be | drooms | |
| | 1 | 2 | 3 | 4+ | Unknown |
| Bedsits/Studios | | | | | |
| Cluster Flats | | | | | |
| Flats/Maisonettes | | | | | İ |
| Houses | | | | | 1 |
| Live-Work Units | | | | | |
| Sheltered Housing | | | | | |
| Unknown | | | | | İ |

Existing Intermediate Housing Total

| Key Worker Housing - E | xisting | | | | |
|------------------------|---------|-----|-----------|--------|---------|
| | | Num | ber of be | drooms | |
| | 1 | 2 | 3 | 4+ | Unknown |
| Bedsits/Studios | | | | | |
| Cluster Flats | | | | | |
| Flats/Maisonettes | | | İ | | |
| Houses | | | | | |
| Live-Work Units | | | | | |
| Sheltered Housing | | | | | |
| Unknown | | | | | 1 |

Existing Key Worker Housing Total

18. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace?

💿 Yes 🔵 No

| | Use Class/type of use | Existing gross internal floorspace (square metres) | Gross internal floorspace to be lost by change of use or demolition (square metres) | | Total gross ne internal floorsp proposed (inclu changes of us (square metre | ace ding se) | Net additional gross internal floorspace following development (square metres) | |
|---|------------------------|---|---|--|---|--------------------|--|--|
| B1 (a) - Office | e (other than A2) | 164.9 | 164.9 | | 64.9 164.9 | | 0 | |
| Total | | 164.9 | 164.9 | | 164.9 | | 0 | |
| For hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms: Use Class/types of use Existing rooms to be lost by Total rooms proposed Net additional rooms | | | | | | | | |
| | Use Class/types of use | 0 | | | ms proposed changes of use | e) | e) N | |

19. Employment

| If known, please complete the following information regarding employees: | | | | | | | |
|--|-----------|-----------|--------------------------------|--|--|--|--|
| | Full-time | Part-time | Equivalent number of full-time | | | | |
| Existing employees | 12 | 11 | 17 | | | | |
| | | | | | | | |

20. Hours of Opening

| lf known, pleas | se state the hours of opening (e.g. 15:30 |) for each non-residential use proposed: | |
|-----------------|---|--|----------------|
| | Monday to Friday | Saturday | Sunday and Ban |

| 11 | Monday t | to Friday | Satur | day | Sunday and B | ank Holidays | Not Known |
|-----|------------|-----------|------------|----------|--------------|--------------|-----------|
| Use | Start Time | End Time | Start Time | End Time | Start Time | End Time | Not Known |
| D1 | 08:30:00 | 19:30:00 | 08:30:00 | 13:00:00 | | | |

22. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

We will be a 3 unit Dental Surgery providing dental services to patients. We are currently located at 68a Neal St and would be relocating. We will have 3 dental chairs. 3 X-ray units. 1 Dental Panoramic X-ray unit. 1 compressor unit. 1 suction unit. We will have small wall mounted air conditioning supplied to each of the rooms and fresh air supplied to the Grd & basement level.

Is the proposal for a waste management development?

🔾 Yes 💿 No

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

| 23. Hazardous Substances | | | |
|--|------------|---------------------|----------|
| Is any hazardous waste involved in the proposal? | 🔾 Yes 💿 No | | |
| A. Toxic substances | | Amount held on site | |
| | | | Tonne(s) |

| 23. Hazard | lous Substances | | | | | |
|--|--|-----------------------------------|-------------------------|------------------------------|--|--|
| B. Highly reactive/explosive substances Amount | | | | held on site | | |
| | | | | Tonne(s) | | |
| | | | | | | |
| C. Flammat | ble substances (unless specifically named in parts A and | В) | Amount | held on site | | |
| | | | | Tonne(s) | | |
| 04 0:4- <i>V</i> | - 14 | | | | | |
| 24. Site Vi | SIt | | | | | |
| Can the site | be seen from a public road, public footpath, bridleway or othe | r public land? | 💿 Yes 🔾 No | | | |
| | g authority needs to make an appointment to carry out a site | | act? (Please select on | ly one) | | |
| The agent I The applicant O Other person | | | | | | |
| | | | | | | |
| 25 Cortifie | cates (Certificate B) | | | | | |
| zj. certint | | | | | | |
| | | wnership - Certificate B | 2015 Cortificato undor | Article 14 | | |
| | Town and Country Planning (Development Manageme pplicant certifies that I have/the applicant has given the requisite not | ce to everyone else (as listed be | low) who, on the day 21 | days before the date of this | | |
| | as the owner (owner is a person with a freehold interest or leasehold iven in section 65(8) of the Town and Country Planning Act 1990) of | | | | | |
| Owner/Agric | cultural Tenant | | | Date notice served | | |
| Name: | Aisha Virani | | | | | |
| Number: | Suffix: House nam | e: Crown House | | | | |
| Street: | North Circular | | | | | |
| Locality: | | | | 01/03/2018 | | |
| Town: | London | | | | | |
| Postcode: | NN10 7PN | | | | | |
| Title: Dr | First name: Nyarai Flora | Surname: | Chigwedere | · | | |
| Person role: | APPLICANT Decla | ration date: 01/0 | 3/2018 | Declaration made | | |
| | | | | | | |
| 26. Declara | ation | | | | | |
| 20. Deciai | | | | | | |
| | apply for planning permission/consent as described in this for | | | | | |
| 0 | d additional information. I/we confirm that, to the best of my/o | U , J | ed are 🗹 Date | 9 05/03/2018 | | |

drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts true and accurate and any opinions given are the genuine opinions of the person(s) giving them.