

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 a non-material amendment following a grant of 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 N	ame, Address a	nd Contact Details	s						
Title: Mr	First Name:	Martin		Surname:	Davidson				
Company name:	Great Ormond Street Hospital								
Street address:	Great Ormond Street Hospital								
	Great Ormond Street		Telephone numb	Telephone number:					
			Mobile number:						
Town/City:	LONDON		Fax number:	Fax number:					
Country:			Email address:	Email address:					
Postcode:	WC1N 3JH								
Are you an agent acting on behalf of the applicant?									
2. Agent Name	e, Address and (Contact Details							
Title: Ms	First Name:	May		Surname:	Lam				
Company name:	BDP								
Street address:	16 Brewhouse Yar	d							
	Clerkenwell		Telephone numb	oer: 0207	8128000				
			Mobile number:						
Town/City:			Fax number:						
Country:			Email address:						
Postcode:	EC1V 4LJ	·							

3. Site Addres	ss Details									
Full postal addre	ss of the site (in	ncluding full po	stcode wh	nere available	e)	Description:				
House:		Suffix:								
House name:	Great Ormond Street Childrens Hospital									
Street address:	Great Ormond Street									
Town/City:	LONDON									
Postcode:	WC1N 3JH									
Description of lo (must be comple										
Easting:										
Northing:	182041	182041								
4. Eligibility										
Do you, or the pe		behalf you are	e making t	this application	n, hav	e an interest in	the part of th	ne land to	Yes	No
If you are not the Management Pro					own a	and Country Pla	nning (Devel	opment	O Yes O	No Not Applicable
Person notified		Address								Date of notification (DD/MM/YYYY)
		Number:		Suffix:		House name:				
		Street:				<u>'</u>				
		أ								
		أ								<u> </u>
		Town:								i
		Postcode:								
					J					
5. Description	of Your Pro	pposal								
Description of Ap	proved Develor	oment:								
Erection of a thr	ee storey buildir	ng within the S								g physiotherapy and
	od Building, a tv	vo storey link t								nk at second floor level , artificial lighting, plant
Reference numb	ber: 2017/3377/P									
*Date of decision (DD/MM/YYYY):	128/11/2017									
What was the original application type?										
Full planning permission For the purpose of calculating fees, which of the following best describes the original application type?										
Householder development: Development to an existing dwelling-house or development within its curtilage										
Other: anything not covered by the above category										
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6. Non-Material Amendment(s) Sought						
*Please describe the non-material amendment(s) you are seeking to make: See supporting statement and covering letter							
See supporting statement and coveri	ig letter						
Are you intending to substitute amended plans or drawings?							
Old plan/drawing numbers:	see decision notice						
New plan/drawing numbers:	see supporting statement						
	Please state why you wish to make this amendment:						
As the approved scheme has progressed through detailed design it has undergone revision in order to enhance the overall development and support the buildability of the scheme. This has resulted in a series of amendments to the approved development, including: • Minor alterations to the façade; (panels and windows) • Reduction in the building height; • Removal of windows at level 3 (i.e. first floor); and • Reconfiguration of layout on Levels 4 and 5 (i.e. second and third floors). Further details are provided within the submitted drawings by Ansell and Bailey, and supporting statement by BDP.							
7. Pre-application Advice							
Has assistance or prior advice been sought from the local authority about this application? Yes No							
If Yes, please complete the following information about the advice you were given (this will help the authority to deal with this application more efficiently):							
Officer name:							
Title: First name:	Surname:						
Reference:							
Date (DD/MM/YYYY):	(Must be pre-application submission)						
Details of the pre-application advice re	eceived:						
8. Site Visit							
or one view							
Can the site be seen from a public roa	ad, public footpath, bridleway or other public land?						
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. Authority Employee/Membe	er en						
With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of st (d) related to an elected mer							
10 Declaration							
10. 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 O9/03/2018							