

Email: [planning@camden.gov.uk](mailto: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 removal or variation of a condition following grant of  
planning permission. 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:	Ms	First Name:	Stephanie	Surname:	Williamson
Company name:	Great Ormond Street Children's Hospital Charity				
Street address:	40 Bernard Street				
Telephone number:					
Mobile number:					
Town/City:	London				
Fax number:					
Country:	UK				
Email address:					
Postcode:	WC1N 1LE				
Are you an agent acting on behalf of the applicant?					
<input checked="" type="radio"/> Yes <input type="radio"/> No					

**2. Agent Name, Address and Contact Details**

Title:	Ms	First Name:	Laura	Surname:	Massey
Company name:	Sonnemann Toon Architects LLP				
Street address:	Quality House				
	6-9 Quality Court, Chancery Lane				
Telephone number:	02075808881				
Mobile number:					
Town/City:	London				
Fax number:					
Country:	UK				
Email address:					
Postcode:	WC2A 1HP				
	lmassey@st-arch.co.uk				

### 3. Site Address Details

Full postal address of the site (including full postcode where available)

House:	<input type="text"/>	Suffix:	<input type="text"/>
House name:	<input type="text" value="Italian Hospital"/>		
Street address:	<input type="text" value="Queen Square"/>		
	<input type="text"/>		
	<input type="text"/>		
Town/City:	<input type="text" value="London"/>		
Postcode:	<input type="text" value="WC1N 3AJ"/>		

Description of location or a grid reference  
(must be completed if postcode is not known):

Easting:	<input type="text" value="530416"/>
Northing:	<input type="text" value="181894"/>

Description:

### 4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

☐ Yes ☒ No

### 5. Description of the Proposal

Please provide a description of the approved development as shown on the decision letter:

External and internal alterations to the listed building associated with the change of use of the building into an outpatient clinical use. External alterations including basement infill to courtyard, partial infill at ground floor level, infill extensions at first and second floor levels, two roof level plant enclosures, plant equipment, PV panels and new lift overrun. Internal alterations including refurbishment throughout the building, repair and refurbishment of windows and provision of secondary glazing, the provision of two new lifts and upgrading of the existing lift.

Application reference number:

Date of decision:

Please state the condition number(s) to which this application relates:

Condition number(s):

Condition 2 - 2017/3933/P  
Condition 2 - 2017/3938/L

Has the development already started?

☐ Yes ☒ No

### 6. Condition(s) - Removal

Please state why you wish the condition(s) to be removed or changed:

Refer to full explanation in the Design and Access Statement:

Amendments to the approved plans.

Amendments to the approved Energy and Sustainability Statement, Air Quality Assessment, Plant Noise Assessment Report, Security Assessment

If you wish the existing condition to be changed, please state how you wish the condition to be varied:

No change to the wording of the condition required

### 7. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?

☒ Yes ☐ 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 ☐ The applicant ☒ Other person

## 7. Site Visit

If Other has been selected, please provide:

Title:	<input type="text" value="Ms"/>	First name:	<input type="text" value="Emily"/>	Surname:	<input type="text" value="Chittock"/>
Telephone number:	<input type="text" value="07816535751"/>				
Email Address:	<input type="text" value="emily.chittock@kier.co.uk"/>				

## 8. Certificates (Certificate B)

### Certificate of Ownership - Certificate B Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) and/or agricultural tenant (*"agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990*) of any part of the land or building to which this application relates.

Owner/Agricultural Tenant	Date notice served
Name: <input type="text" value="Great Ormond Street Children's Hospital Charity"/>	<input type="text" value="19/06/2018"/>
Number: <input type="text" value="40"/> Suffix: <input type="text"/> House name: <input type="text"/>	
Street: <input type="text" value="Bernard Street"/>	
Locality: <input type="text"/>	
Town: <input type="text" value="London"/>	
Postcode: <input type="text" value="WC1N 1LE"/>	

Title:	<input type="text" value="Ms"/>	First name:	<input type="text" value="Laura"/>	Surname:	<input type="text" value="Massey"/>
Person role:	<input type="text" value="AGENT"/>		Declaration date:	<input type="text" value="19/06/2018"/>	<input checked="" type="checkbox"/> Declaration made

## 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.

<input checked="" type="checkbox"/>	Date	<input type="text" value="19/06/2018"/>
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