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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. Site Address

Number	<input type="text"/>
Suffix	<input type="text"/>
Property name	<input type="text"/>
Address line 1	<input type="text" value="20 Guilford Street"/>
Address line 2	<input type="text"/>
Address line 3	<input type="text"/>
Town/city	<input type="text" value="London"/>
Postcode	<input type="text" value="WC1N 1DZ"/>
Description of site location must be completed if postcode is not known:	
Easting (x)	<input type="text" value="530624"/>
Northing (y)	<input type="text" value="182190"/>
Description	<input type="text"/>

2. Applicant Details

Title	<input type="text"/>
First name	<input type="text"/>
Surname	<input type="text" value="N/A"/>
Company name	<input type="text" value="GREAT ORMOND STREET HOSPITAL
CHILDREN'S CHARITY"/>
Address line 1	<input type="text" value="c/o Agent"/>
Address line 2	<input type="text"/>
Address line 3	<input type="text"/>
Town/city	<input type="text"/>

2. Applicant Details

Country	<input type="text"/>
Postcode	<input type="text"/>
Primary number	<input type="text"/>
Secondary number	<input type="text"/>
Fax number	<input type="text"/>
Email address	<input type="text"/>

Are you an agent acting on behalf of the applicant?

☒ Yes ☐ No

3. Agent Details

Title	<input type="text" value="Mrs"/>
First name	<input type="text" value="Alice"/>
Surname	<input type="text" value="Lilly"/>
Company name	<input type="text"/>
Address line 1	<input type="text" value="DP9 Ltd"/>
Address line 2	<input type="text" value="100 Pall Mall"/>
Address line 3	<input type="text"/>
Town/city	<input type="text" value="London"/>
Country	<input type="text"/>
Postcode	<input type="text" value="SW1Y 5NQ"/>
Primary number	<input type="text" value="02070041700"/>
Secondary number	<input type="text"/>
Fax number	<input type="text"/>
Email	<input type="text"/>

4. Description of the Proposal

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

Erection of new hospital research building following the demolition of an existing computer facility.

Reference number

2014/6068/P

Date of decision (date must be pre-application submission)

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

Condition number(s)

13

4. Description of the Proposal

Has the development already started?

☒ Yes ☐ No

If Yes, please state when the development was started (date must be pre-application submission)

20/08/2015

Has the development been completed?

☐ Yes ☒ No

5. Part Discharge of Conditions

Are you seeking to discharge only part of a condition?

☐ Yes ☒ No

6. Discharge of Conditions

Please provide a full description and/or list of the materials/details that are being submitted for approval

Please refer to covering letter.

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

8. Pre-application Advice

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

☐ Yes ☒ No

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. ☒

Date (cannot be pre-application)

26/07/2018