

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.

1. Site Address

Number

Suffix

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.

| Property name | Former Odeon and Rosenheim Building | | | | |
|--|---|--|--|--|--|
| Address line 1 | Grafton Way and Huntley Street | | | | |
| Address line 2 | | | | | |
| Address line 3 | | | | | |
| Town/city | London | | | | |
| Postcode | WC1E 6DB | | | | |
| Description of site location must be completed if postcode is not known: | | | | | |
| Easting (x) | 529518 | | | | |
| Northing (y) | 182064 | | | | |
| Description | | | | | |
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| 2. Applicant Det | ails | | | | |
| 2. Applicant Det | ails | | | | |
| | rails | | | | |
| Title | University College Hospital | | | | |
| Title First name | | | | | |
| Title First name Surname | University College Hospital | | | | |
| Title First name Surname Company name | University College Hospital University College Hospital NHS Foundation Trust | | | | |
| Title First name Surname Company name Address line 1 | University College Hospital University College Hospital NHS Foundation Trust | | | | |
| Title First name Surname Company name Address line 1 Address line 2 | University College Hospital University College Hospital NHS Foundation Trust | | | | |
| Title First name Surname Company name Address line 1 Address line 2 Address line 3 | University College Hospital University College Hospital NHS Foundation Trust | | | | |

| 2. Applicant Detai | Is | |
|---|---|---|
| Country | | |
| Postcode | | |
| Primary number | | |
| Secondary number | | |
| Fax number | | |
| Email address | | |
| Are you an agent acting | g on behalf of the applicant? | |
| 3. Agent Details | | |
| Title | | |
| First name | Emily | |
| Surname | Cochrane | |
| Company name | JLL | |
| Address line 1 | 30 Warwick Street | |
| Address line 2 | | |
| Address line 3 | | |
| Town/city | London | |
| Country | | |
| Postcode | W1B 5NH | |
| Primary number | 020731471632 | |
| Secondary number | | |
| Fax number | | |
| Email | emily.cochrane@eu.jll.com | |
| | | |
| 4. Description of t Please provide a descr | the Proposal iption of the approved development as shown on the dec | sision letter |
| Redevelopment of the surgery facilities in 4 le ground (34,596.5 sq m Huntley Street, a groun a new enclosure | former Odeon site and demolition of the Rosenheim Builvels of basement; inpatient medical facilities and a grour GIA in total) including roof plant, a new pedestrian entrad floor drop-off area off Grafton Way, and three roof gard | ding to provide a Proton Beam Therapy (PBT) cancer treatment facility and day difloor retail unit (175 sq m approximate GIA) in a 7 storey development above nce on corner of Grafton Way and Huntley Street, a new service entrance on dens; and the relocation of the oxygen tanks to University Street frontage inside |
| Reference number | | |
| 2015/2771/P | | |
| Date of decision (date must be pre- application submission) | 18/09/2015 | |
| Please state the condition number(s) | tion number(s) to which this application relates | |

| 4. Description of t | he Proposal | | |
|---|---|---|----------|
| 34 | | | |
| Has the development a | Iready started? | • | Yes Q No |
| If Yes, please state when the development was started (date must be pre- application submission) | 30/11/2015 | | |
| Has the development b | een completed? | Q | Yes No |
| 5. Part Discharge | of Conditions | | |
| Are you seeking to disc | charge only part of a condition? | G | Yes No |
| 6. Discharge of Co | onditions | | |
| Please provide a full de | escription and/or list of the materials/details that are being | g submitted for approval | |
| Please refer to covering | g letter and attached drawings | | |
| 7. Site Visit | | | |
| Can the site be seen from | om a public road, public footpath, bridleway or other pub | lic land? | Yes Q No |
| If the planning authority The agent The applicant Other person | v needs to make an appointment to carry out a site visit, | whom should they contact? (Please select or | nly one) |
| 8. Pre-application | Advice | | |
| Has assistance or prior advice been sought from the local authority about this application? ☐ Yes ☐ No | | | Yes ⊚ No |
| 9. Declaration | | | |
| | lanning permission/consent as described in this form and bur knowledge, any facts stated are true and accurate an | | |
| Date (cannot be pre- application) | 18/12/2018 | | |
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