

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.

Former Royal Ear Hospital and UCL Student Union

1. Site Address

Property name

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.

	Building	
Address line 1	Huntley Street / Capper Street	
Address line 2		
Address line 3		
Town/city	London	
Postcode	WC1E 6AP	
Description of site loa	cation must be completed if postcode is not known:	
Easting (x)	529518	
Northing (y)	182064	
Description		
2. Applicant Def	calls	
Title		
First name		
Surname	C/O Agent	
Company name	Univeristy College London Hospitals NHS Foundation Trust	
Address line 1	C/O Agent	
Address line 2		
Address line 3		
Town/city		
Town/city		

2. Applicant Detai	ls					
Country						
Postcode						
Primary number						
Secondary number						
Fax number						
Email address						
Are you an agent acting	g on behalf of the applicant?	⊚ Yes         No				
3. Agent Details						
Title	Miss					
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	0203147163					
Secondary number						
Fax number						
Email	emily.cochrane@eu.jll.com					
4. Description of t	he Proposal					
Please provide a descr	iption of the approved development as shown on the dec	cision letter				
Erection of a 6 storey be demolition of the forme	uilding and excavation works to create a 3 storey basem r UCL Student Union and Royal Ear Hospital buildings.	ent, comprising a head and neck outpatient hospital (Class D1) following				
Reference number						
2015/1281/P						
Date of decision (date must be pre- application submission)	20/01/2016					
Please state the condition number(s) to which this application relates						
Condition number(s)						
14						

4. Description of	the Proposal				
Has the development a	already started?		○ Yes • No		
5. Part Discharge	of Conditions				
Are you seeking to disc	charge only part of a condition?		☐ Yes		
6 Discharge of C	onditions				
6. Discharge of Conditions  Please provide a full description and/or list of the materials/details that are being submitted for approval					
Please see Covering L	etter.				
7. Site Visit					
Can the site be seen fr	om a public road, public footpath, bridleway or other publ	c land?	⊚ Yes □ No		
If the planning authority  The agent  The applicant  Other person	y needs to make an appointment to carry out a site visit, v	hom should they contact? (Please select	only one)		
8. Pre-application	Advice				
Has assistance or prior	r advice been sought from the local authority about this ap	oplication?	○ Yes		
9. Declaration					
	lanning permission/consent as described in this form and our knowledge, any facts stated are true and accurate an				
Date (cannot be pre- application)	18/03/2019				