

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.

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	21
Suffix	
Property name	Rockefeller Building
Address line 1	University Street
Address line 2	
Address line 3	
Town/city	London
Postcode	WC1E 6DE
Description of site locati	on must be completed if postcode is not known:
Easting (x)	529505
Northing (y)	182172
Description	

ils
Mr
Martin
Тгеасу
University College London
Gower Street
London

2. Applicant Details

Country	England
Postcode	WC1E 6BT
Primary number	
Secondary number	
Fax number	
Email address	
	L

Are you an agent acting on behalf of the applicant?

🖲 Yes 🛛 🔾 No

3. Agent Details

Title	Mr
First name	Christopher
Surname	Gilbert
Company name	Burwell Deakins Architects
Address line 1	Unit 0.01, California Building
Address line 2	Deals Gateway
Address line 3	
Town/city	London
Country	
Postcode	SE137SF
Primary number	02083056010
Secondary number	
Fax number	
Email	info@burwellarchitects.com

4. Description of the Proposal

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

	rnal spaces, replacement and upgrade of services within risers and concealed ceilings with associated works to corridor spaces; level and within the rear courtyard on multi-storey deck; replacement of existing metal fire escape stairwell to the rear lightwell.
Reference number	
2018/4243/L	
Date of decision (date must be pre- application submission)	17/12/2018
Please state the condi	tion number(s) to which this application relates
Condition number(s)	
Condition 5d and condi	tion 6

Has the development already started?	e Yes Q No
If Yes, please state when the development was started (date must be pre- application submission)	
Has the development been completed?	◯ Yes ● No
5. Part Discharge of Conditions	
Are you seeking to discharge only part of a condition?	Yes Q No No
If Yes, please indicate which part of the condition your application relates to	
Full discharge of Condition 6. Part discharge of Condition 5: d. Details/method statement of any upgrading of	f doors and associated joinery, cupboards for fire safety.
6. Discharge of Conditions	
Please provide a full description and/or list of the materials/details that are bei	ng submitted for approval
A detailed method statement for the salvage, retention and re-use or disposal A method statement of any upgrading of doors and associated joinery, cupboa	of historic joinery and fireplaces to the fourth floor nurses wing (Condition 6). ards for fire safety (Condition 5d).
7. Site Visit	
Can the site be seen from a public road, public footpath, bridleway or other pu	blic land? Second S
If the planning authority needs to make an appointment to carry out a site visit	, whom should they contact?
 The agent The applicant 	
Other person	
8. Pre-application Advice	
Has assistance or prior advice been sought from the local authority about this	application?
Has assistance or prior advice been sought from the local authority about this If Yes, please complete the following information about the advice you w	
Has assistance or prior advice been sought from the local authority about this If Yes, please complete the following information about the advice you w efficiently):	
Has assistance or prior advice been sought from the local authority about this If Yes, please complete the following information about the advice you w efficiently): Officer name:	
Has assistance or prior advice been sought from the local authority about this If Yes, please complete the following information about the advice you w efficiently): Officer name: Title Mr	
Has assistance or prior advice been sought from the local authority about this If Yes, please complete the following information about the advice you w efficiently): Officer name: Title First name Gavin	
Has assistance or prior advice been sought from the local authority about this If Yes, please complete the following information about the advice you wefficiently): Officer name: Title Mr First name Gavin Surname Sexton	
Has assistance or prior advice been sought from the local authority about this If Yes, please complete the following information about the advice you wefficiently): Officer name: Title Mr First name Gavin Surname Sexton Reference 2018/2522/PRE	

4. Description of the Proposal

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)	21/03/2019
application	