

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 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.

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.

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Property name	Great Ormond Street Children's Hospital			
Address line 1	Great Ormond Street			
Address line 2				
Address line 3				
Town/city	London			
Postcode	WC1N 3JH			
Description of site location must be completed if postcode is not known:				
Easting (x)	530533			
Northing (y)	182041			
Description	Description			
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'				
2. Applicant Det				
	rails Ms			
2. Applicant Det				
2. Applicant Det	Ms			
2. Applicant Det Title First name	Ms Zivile			
2. Applicant Det Title First name Surname	Ms Zivile Usoniene			
2. Applicant Det Title First name Surname Company name	Ms Zivile Usoniene Great Ormond Street Hospital			
2. Applicant Det Title First name Surname Company name Address line 1	Ms Zivile Usoniene Great Ormond Street Hospital Great Ormond Street Hospital			
2. Applicant Det Title First name Surname Company name Address line 1 Address line 2	Ms Zivile Usoniene Great Ormond Street Hospital Great Ormond Street Hospital			
2. Applicant Det Title First name Surname Company name Address line 1 Address line 2 Address line 3	Zivile Usoniene Great Ormond Street Hospital Great Ormond Street Hospital Great Ormond Street			

2. Applicant Detai	ls				
Country					
Postcode	WC1N 3JH				
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	Ms				
First name	Beth				
Surname	Harris				
Company name	BDP				
Address line 1	16 Brewhouse Yard				
Address line 2	Clerkenwell				
Address line 3					
Town/city	London				
Country					
Postcode	EC1V 4LJ				
Primary number	02070141927				
Secondary number					
Fax number					
Email	Beth.Harris@bdp.com				
4. Description of the Proposal					
Please provide a description of the approved development as shown on the decision letter					
Erection of a three stor rehabilitation facilities a Southwood Building, a associated works.	ey building within the Southwood Courtyard to provide 9th and an iMRI suite and operating theatre for use by Great two storey link to the Variety Club Building, entrance ran	98 sq.m (GEA) of healthcare space (D1), including physiotherapy and Ormond Street Hospital. Works include a stair link at second floor level to the aps and stairs, a green roof, cycle parking, artificial lighting, plant equipment and			
Reference number					
2017/3377/P					
Date of decision (date must be pre- application submission)	28/11/2017				
	ition number(s) to which this application relates				
Condition number(s)					
Condition 3 (approved drawings)					

Has the development	already started?	ℚ Yes	No		
5. Condition(s) -	Removal/Variation				
Please state why you	wish the condition(s) to be removed or changed				
The proposed change GOSH site.	The proposed changes reflect revisions made to the scheme's energy strategy which seeks to connect to an existing heating and cooling system within the GOSH site.				
If you wish the existing	g condition to be changed, please state how you wish the	e condition to be varied			
Amend Condition 3 (a unit (AHU).	Amend Condition 3 (approved drawings) to replace the approved chiller on the level 4 roof of the Southwood Courtyard Building with an additional air handling unit (AHU).				
6. Site Visit					
	rom a public road, public footpath, bridleway or other pul	olic land?	No		
If the planning authori The agent The applicant Other person	ty needs to make an appointment to carry out a site visit,	whom should they contact?			
7. Pre-application Advice					
Has assistance or pric	or advice been sought from the local authority about this a	application?	● No		
8. Ownership Certificates and Agricultural Land Declaration CERTIFICATE OF OWNERSHIP - CERTIFICATE A - Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/the applicant was the owner* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding**					
reference to the defir	with a freehold interest or leasehold interest with at lition of 'agricultural tenant' in section 65(8) of the Adams Contilionto B. Cont. B. control of the Adams Contilionto B. control of the Adams Control of the Adams Contilionto B. control of the Adams Control of the Ada	et.			
	gn Certificate B, C or D, as appropriate, if you are the an agricultural holding.	e sole owner of the land or building to which the	application relates but the		
Person role The applicant The agent					
Title	Ms				
First name	Beth				
Surname	Harris				
Declaration date (DD/MM/YYYY)	12/07/2019				
✓ Declaration made					
0. Declaration					
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 a				
Date (cannot be pre- application)	12/07/2019		_		

4. Description of the Proposal