

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			
Suffix			
Property name	School Of Hygiene And Tropical Medicine		
Address line 1	Keppel Street		
Address line 2			
Address line 3			
Town/city	London		
Postcode	WC1E 7HT		
Description of site locati	ion must be completed if postcode is not known:		
Easting (x)	529790		
Northing (y)	181879		
Description			

2. Applicant Details			
Title	Mr		
First name	C		
Surname	Russell		
Company name	Ian Ritchie Architects Ltd.		
Address line 1	110 Three Colt Street		
Address line 2			
Address line 3			
Town/city	London		

# 2. Applicant Details

Country	
Postcode	E14 8AZ
Primary number	
Secondary number	
Fax number	
Email address	

Are you an agent acting on behalf of the applicant?

🖲 Yes 🛛 🔍 No

## 3. Agent Details

Title	Mr
First name	Christopher
Surname	Russell
Company name	Ian Ritchie Architects Ltd.
Address line 1	110 Three Colt Street
Address line 2	
Address line 3	
Town/city	London
Country	UK
Postcode	E14 8AZ
Primary number	
Secondary number	
Fax number	
Email	

### 4. Description of the Proposal

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

Internal renovation and alterations to the NW wing of the 1929 Keppel Street building to form level 2 laboratory facilities.			
Reference number			
2018/3476/P			
Date of decision (date must be pre- application submission)	07/11/2018		
Please state the condition number(s) to which this application relates			
Condition number(s)			
Condition 4			

### 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)	27/08/2019		
Has the development b	een completed?	Yes	⊇ No
If Yes, please state when the development was completed (date must be pre- application submission)	14/01/2019		
5 Part Discharge	of Conditions		

🔍 Yes 🛛 💿 No

🖲 Yes 🛛 🔍 No

🖲 Yes 🛛 🔾 No

### 5. Part Discharge of Conditions

Are you seeking to discharge only part of a condition?

### 6. Discharge of Conditions

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

Report: T1710 Roof Mounted Extract Fans Noise Assessment

#### 7. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?

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

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### 8. Pre-application Advice

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

If Yes, please complete the following information about the advice you were given (this will help the authority to deal with this application more efficiently):

Officer name:		
Title		
First name		
Surname		
Reference		
Date (Must be pre-application submission)		
Details of the pre-application advice received		

### 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.