

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

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.

Number				
Suffix				
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 locat	ion must be completed if postcode is not known:			
Easting (x)	530533			
Northing (y)	182041			
Description				
2. Applicant Detai	ils			
2. Applicant Detai	ils Ms			
Title	Ms			
Title First name	Ms Zivile			
Title First name Surname	Ms Zivile Usoniene			
Title First name Surname Company name	Ms Zivile Usoniene Great Ormond Street Hospital			
Title First name Surname Company name Address line 1	Ms Zivile Usoniene Great Ormond Street Hospital Great Ormond Street Hospital			
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 Detai	ils				
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	BDP				
Address line 2	16 Brewhouse Yard				
Address line 3	Clerkenwell				
Town/city	London				
Country					
Postcode	EC1V 4LJ				
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					
Erection of a three storey building within the Southwood Courtyard to provide 998 sq.m (GEA) of healthcare space (D1), including physiotherapy and rehabilitation facilities and an iMRI suite and operating theatre for use by Great Ormond Street Hospital. Works include a stair link at second floor level to the Southwood Building, a two storey link to the Variety Club Building, entrance ramps and stairs, a green roof, cycle parking, artificial lighting, plant equipment and associated works. (As amended by application ref. 2018/1372/P).					
Reference number					
2017/3377/P (as amended by 2018/1372/P).					
Date of decision (date must be pre- application submission)	28/11/2017				
	ition number(s) to which this application relates				
Condition number(s)					
5					

4. Description of	the Proposal				
Has the development a	already started?	•	⊚ Yes No		
If Yes, please state when the development was started (date must be pre- application submission)	30/04/2018				
Has the development b	peen completed?		⊚ Yes		
5. Part Discharge	of Conditions				
Are you seeking to disc	charge only part of a condition?		© Yes ● No		
6. Discharge of C	onditions				
Please provide a full de	escription and/or list of the materials/details that are bein	g submitted for approval			
Please refer to accomp	panying cover letter.				
7. Site Visit					
Can the site be seen from a public road, public footpath, bridleway or other public land?					
If the planning authority The agent The applicant Other person	y needs to make an appointment to carry out a site visit,	whom should they contact?			
8. Pre-application	Advice				
	r advice been sought from the local authority about this a	pplication?	⊋ Yes ● No		
9. Declaration					
I/we hereby apply for p that, to the best of my/o	olanning permission/consent as described in this form and our knowledge, any facts stated are true and accurate ar	d the accompanying plans/drawings and addid any opinions given are the genuine opinion	ditional information. I/we confirm ons of the person(s) giving them.		
Date (cannot be pre- application)	16/01/2020				