

Email: [planning@camden.gov.uk](mailto:planning@camden.gov.uk)  
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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

Address line 1

Address line 2

Address line 3

Town/city

Postcode

Description of site location must be completed if postcode is not known:

Easting (x)

Northing (y)

Description

### 2. Applicant Details

Title

First name

Surname

Company name

Address line 1

Address line 2

Address line 3

Town/city

## 2. Applicant Details

Country	<input type="text"/>
Postcode	<input type="text" value="WC1N 1LE"/>
Are you an agent acting on behalf of the applicant?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Primary number	<input type="text"/>
Secondary number	<input type="text"/>
Fax number	<input type="text"/>
Email address	<input type="text"/>

## 3. Agent Details

Title	<input type="text" value="Mrs"/>
First name	<input type="text" value="Laura"/>
Surname	<input type="text" value="Snare"/>
Company name	<input type="text" value="Sonnemann Toon Architects"/>
Address line 1	<input type="text" value="Quality House"/>
Address line 2	<input type="text" value="6-9 Quality Court"/>
Address line 3	<input type="text"/>
Town/city	<input type="text" value="LONDON"/>
Country	<input type="text"/>
Postcode	<input type="text" value="WC2A 1HP"/>
Primary number	<input type="text"/>
Secondary number	<input type="text"/>
Fax number	<input type="text"/>
Email	<input type="text"/>

## 4. Description of the Proposal

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

Change of use to the existing building associated with the Great Ormond Street Hospital (GOSH), currently used as a staff nursery (D1), chapel (D1), offices (B1a) and parents' (of patients) accommodation (sui generis), for use as an outpatient hospital (D1) with a resulting floor area of 3,810 sq.m. External alterations to the building including basement infill to courtyard, partial infill at ground floor level, infill extensions at first and second floor levels, two roof level plant enclosures and new lift overrun and associated internal alterations to the listed building to convert it into a clinical use. Plant equipment, creation of terraces, installation of PV panels and associated works.

Reference number

2017/3933/P  
2017/3938/L

Date of decision (date must be pre-application submission)

Please state the condition number(s) to which this application relates

Condition number(s)

#### 4. Description of the Proposal

Listed Building Condition no. 4

Has the development already started?

Yes  No

If Yes, please state when the development was started (date must be pre-application submission)

24/10/2018

Has the development been completed?

Yes  No

#### 5. Part Discharge of Conditions

Are you seeking to discharge only part of a condition?

Yes  No

If Yes, please indicate which part of the condition your application relates to

Listed Building Condition no. 4, parts:  
a) No longer applicable as the existing gates are to remain  
b) See drawings  
c) Already approved  
d) See drawings  
e) See drawings  
f) See drawings

#### 6. Discharge of Conditions

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

b) See drawings 5320, 5321, 5341, 5341, 5342, 5343, 5350, 5355, 5356, 5360 and 5344  
d) See drawings 5330, 5331, 5332, 5333 and 5334  
e) See drawings 5124  
f) See drawing 5450 and 5310

#### 7. Site Visit

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

Yes  No

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

If Other has been selected, please provide contact details:

Contact name:

Title

First name

Surname

Telephone number

Email address:

#### 8. Pre-application Advice

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

Yes  No

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):

## 8. Pre-application Advice

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.

Date (cannot be pre-application)