

Email: [planning@camden.gov.uk](mailto: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	<input type="text"/>
Suffix	<input type="text"/>
Property name	<input type="text" value="15-17"/>
Address line 1	<input type="text" value="Tavistock Place"/>
Address line 2	<input type="text"/>
Address line 3	<input type="text"/>
Town/city	<input type="text" value="London"/>
Postcode	<input type="text" value="WC1H 9SH"/>
Description of site location must be completed if postcode is not known:	
Easting (x)	<input type="text" value="530099"/>
Northing (y)	<input type="text" value="182436"/>
Description	<input type="text"/>

**2. Applicant Details**

Title	<input type="text"/>
First name	<input type="text"/>
Surname	<input type="text" value="c/o Agent"/>
Company name	<input type="text" value="London School of Hygiene and Tropical Medicine"/>
Address line 1	<input type="text" value="c/o Agent"/>
Address line 2	<input type="text" value="70 St Mary Axe"/>
Address line 3	<input type="text"/>
Town/city	<input type="text" value="London"/>

2. Applicant Details

Country	
Postcode	EC3A 8BA
Are you an agent acting on behalf of the applicant?	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
Primary number	
Secondary number	
Fax number	
Email address	

3. Agent Details

Title	Miss
First name	Nadine
Surname	James
Company name	Montagu Evans
Address line 1	70 St Mary Axe
Address line 2	London
Address line 3	
Town/city	london
Country	
Postcode	EC3A 8BE
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

Demolition of existing shed building (Class D1) and erection of a part single, part two-storey, part three-storey medical research laboratory and higher education facility (Class D1) with basement accommodation (2 floors) and associate plant on roof.

Reference number

2017/5914/P

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

27/01/2017

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

Condition number(s)

Condition 8

#### 4. Description of the Proposal

Has the development already started?

☐ Yes ☒ No

#### 5. Part Discharge of Conditions

Are you seeking to discharge only part of a condition?

☐ Yes ☒ No

#### 6. Discharge of Conditions

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

Please see covering letter

#### 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

#### 8. Pre-application Advice

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

☐ Yes ☒ No

#### 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)

01/05/2021