

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 (as amended); Planning (Listed Buildings and Conservation Areas) Act 1990 (as amended)

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.

Site Location

Disclaimer: We can only make recommendations based on the answers given in the questions.

If you cannot provide a postcode, the description of site location must be completed. Please provide the most accurate site description you can, to help locate the site - for example "field to the North of the Post Office".

Number	<input type="text" value="256"/>
Suffix	<input type="text"/>
Property Name	<input type="text" value="Eastman Dental Hospital"/>
Address Line 1	<input type="text" value="Gray's Inn Road"/>
Address Line 2	<input type="text"/>
Address Line 3	<input type="text"/>
Town/city	<input type="text" value="London"/>
Postcode	<input type="text" value="WC1X 8LD"/>

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

Easting (x)	Northing (y)
<input type="text" value="530723"/>	<input type="text" value="182449"/>
Description	<input type="text"/>

Applicant Details

Name/Company

Title

First name

Surname

Company Name

Address

Address line 1

Address line 2

Address line 3

Town/City

County

Country

Postcode

Are you an agent acting on behalf of the applicant?

☒ Yes

☐ No

Contact Details

Primary number

Secondary number

Fax number

Email address

Agent Details

Name/Company

Title

First name

Surname

Company Name

Address

Address line 1

Address line 2

Address line 3

Town/City

County

Country

Postcode

Contact Details

Primary number

***** REDACTED *****

Secondary number

Fax number

Email address

***** REDACTED *****

Description of the Proposal

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

Variation of Condition 2 (Approved Plans) granted under Planning Application reference 2019/2879/P dated 10/03/20 (for: Partial redevelopment of the site to create medical research, outpatient facility and academic floorspace); CHANGES include rear and front extensions to the basement of Plot 1; significant extension of the Plot 3 basement at both level B1 and level B2 to provide two lecture theatres (net additional 852sqm GIA floorspace); additional plant and servicing equipment

Reference number

2020/5791/P

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

21/06/2021

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

Condition number(s)

Condition 21

Has the development already started?

☒ Yes

☐ No

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

01/09/2020

Has the development been completed?

☐ Yes

☒ No

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

Partial discharge relating to Plot 2

Discharge of Conditions

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

Please refer to covering letter

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

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):

Officer name:

Title

First Name

***** REDACTED *****

Surname

***** REDACTED *****

Reference

Date (must be pre-application submission)

07/07/2022

Details of the pre-application advice received

N/A

Declaration

I / We hereby apply for Approval of details reserved by a condition (discharge) as described in this form and 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 options of the persons giving them. I / We also accept that: Once submitted, this information will be transmitted to the Local Planning Authority and, once validated by them, be made available as part of a public register and on the authority's website; our system will automatically generate and send you emails in regard to the submission of this application.

☒ I / We agree to the outlined declaration

Signed

Anil Fermahan

Date

28/11/2022