

Email: planning@camden.gov.uk
Phone: 020 7974 4444
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Development Management
Camden Town Hall Extension
Argyle Street
London WC1H 8EQ

Application for Removal or Variation of a Condition following Grant of Planning Permission or Listed Building Consent

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="330"/>
Suffix	<input type="text"/>
Property Name	<input type="text" value="Royal National Throat Nose And Ear Hospital"/>
Address Line 1	<input type="text" value="Gray's Inn Road"/>
Address Line 2	<input type="text"/>
Address Line 3	<input type="text" value="Camden"/>
Town/city	<input type="text" value="London"/>
Postcode	<input type="text" value="WC1X 8BZ"/>

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

Easting (x)	Northing (y)
<input type="text" value="530564"/>	<input type="text" value="182820"/>

Description

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

***** REDACTED *****

Secondary number

Fax number

Email address

***** REDACTED *****

Agent Details

Name/Company

Title

Miss

First name

Katie

Surname

Hughes

Company Name

Gerald Eve LLP

Address

Address line 1

One Fitzroy

Address line 2

6 Mortimer Street

Address line 3

Town/City

London

County

Country

United Kingdom

Postcode

W1T 3JJ

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

Redevelopment of the former Royal National Throat, Nose and Ear hospital, comprising: Retention of 330 Gray's Inn Road and a two storey extension for use as hotel, demolition of all other buildings, the erection of a part 13 part 9 storey building plus upper and lower ground floors for use as a hotel including a café and restaurant; covered courtyard; external terraces; erection of a 7 storey building plus upper and lower ground floors for use as office together with terraces; erection of a 10 storey building plus upper and lower ground floors for use as residential on Wicklow Street and office space at lower ground and basement floors; erection of a 5 storey building plus upper and lower ground floors for use as residential on Swinton Street and associated residential amenity space; together with a gymnasium; new basement; rooftop and basement plant; servicing; cycle storage and facilities; refuse storage; landscaping and other ancillary and associated works

Reference number

2020/5593/P

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

20/07/2022

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

Condition number(s)

2, 18, 31, 41

Has the development already started?

☐ Yes

☒ No

Condition(s) - Variation/Removal

Please state why you wish the condition(s) to be removed or changed

Ref covering letter and Planning Statement

If you wish the existing condition to be changed, please state how you wish the condition to be varied

Ref 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

***** REDACTED *****

First Name

***** REDACTED *****

Surname

***** REDACTED *****

Reference

n/a

Date (must be pre-application submission)

25/01/2023

Details of the pre-application advice received

Ref Planning Statement

Certificates under Article 14 - Town and Country Planning (Development Management Procedure)
(England) Order 2015 (as amended)

Please answer the following questions to determine which Certificate of Ownership you need to complete: A, B, C or D.

Is the applicant the sole owner of all the land to which this application relates; and has the applicant been the sole owner for more than 21 days?

- ☐ Yes
- ☒ No

Can you give appropriate notice to all the other owners/agricultural tenants? (Select 'Yes' if there are no other owners/agricultural tenants)

- ☒ Yes
- ☐ No

I certify/ The applicant certifies that:

- ☒ I have/The applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner* and/or agricultural tenant** of any part of the land or building to which this application relates; or
- ☐ The applicant is the sole owner of all the land or buildings to which this application relates and there are no other owners* and/or agricultural tenants**.

* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

**** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990**

Owner/Agricultural Tenant

<p>Name of Owner/Agricultural Tenant: ***** REDACTED *****</p> <p>House name:</p> <p>Number: 5</p> <p>Suffix:</p> <p>Address line 1: Pancras Square</p> <p>Address Line 2: King's Cross</p> <p>Town/City: London</p> <p>Postcode: N1C 4AG</p> <p>Date notice served (DD/MM/YYYY): 28/02/2023</p> <p>Person Family Name:</p>

Person Role

- ☐ The Applicant
- ☒ The Agent

Title

Miss

First Name

Katie

Surname

Hughes

Declaration Date

28/02/2023

☒ Declaration made

Declaration

I / We hereby apply for Removal/Variation of a condition 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

Katie Hughes

Date

28/02/2023