Planning & Building Control Services Civic Centre The Water Gardens Harlow Essex CM20 1WG http://www.harlow.gov.uk

Tel: 01279 446856

1. Site Address

Number

Suffix

Email: planning.services@harlow.gov.uk



Application for removal or variation of a condition following grant of planning permission. 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.

Property name	Princess Alexandra Hospital, Block 5	
Address line 1	Hamstel Road	
Address line 2		
Address line 3		
Town/city	Harlow	
Postcode	CM20 1QX	
Description of site locat	ion must be completed if postcode is not known:	
Easting (x)	543989	
Northing (y)	210152	
Description		
2. Applicant Detai	ils	
2. Applicant Detai	ils Mr	
Title	Mr	
Title First name	Mr	
Title First name Surname	Mr Andrew Roberts	
Title First name Surname Company name	Mr Andrew Roberts Princess Alexandra Hosiptal NHS Trust	
Title First name Surname Company name Address line 1	Mr Andrew Roberts Princess Alexandra Hosiptal NHS Trust Princess Alexandra Hospital,	
Title First name Surname Company name Address line 1 Address line 2	Mr Andrew Roberts Princess Alexandra Hosiptal NHS Trust Princess Alexandra Hospital,	
Title First name Surname Company name Address line 1 Address line 2 Address line 3	Mr Andrew Roberts Princess Alexandra Hosiptal NHS Trust Princess Alexandra Hospital, Block 5, Hamstel Road	

2. Applicant Detai	ls				
Country					
Postcode	CM20 1QX				
Are you an agent acting	g on behalf of the applicant?				
Primary number					
Secondary number					
Fax number					
Email address					
3. Agent Details					
Title	Mr				
First name	Jack				
Surname	Smith				
Company name	AHP Architects & Surveyors				
Address line 1	The Mount				
Address line 2	2 Trent Valley Road				
Address line 3					
Town/city	Lichfield				
Country	UK				
Postcode	WS13 6EG				
Primary number					
Secondary number					
Fax number					
Email					
4. Description of	the Proposal				
Please provide a descr	iption of the approved development as shown on the dec	sision letter			
Single storey extension, plus internal and external alterations to Cancer Treatment Ward, to include replacement windows and fascias.					
Reference number					
HW/FUL/20/00541					
Date of decision (date must be pre- application submission)	07/01/2021				
Please state the condition number(s) to which this application relates					
Condition number(s)					
This application seeks permission for the inclusion of two external (frosted) glazed windows and a tensioned fabric canopy to be fixed over an external seating area. This comes following the refusal of Non- material amendment application HW/NMA/21/00049.					

4. Description of t	he Proposal				
Has the development a	lready started?	Yes	○ No		
If Yes, please state when the development was started (date must be pre- application submission)	15/02/2021				
Has the development b	een completed?	ℚ Yes	No		
F Candition(a) F	Domoval/Variation				
5. Condition(s) - F Please state why you v	vish the condition(s) to be removed or changed				
This application seeks for the addition of the 2no windows to increase the amount of lighting within both the proposed extension and the existing treatment space. These windows are to be opaque glazed (opal) to ensure no loss of patient privacy or dignity within the unit. The canopy is deemed as required by the trust to allow patients to have access to the outside seating space- this is to enhance the patient experience and their welfare whilst undergoing Cancer treatment.					
If you wish the existing	condition to be changed, please state how you wish the	condition to be varied			
We are seeking accept area.	ance for the inclusion of 2no additional external windows	to the extension and 1no tensioned fabric canopy	over the outdoor seating		
6. Site Visit					
Can the site be seen from	om a public road, public footpath, bridleway or other publ	ic land?	No		
If the planning authority The agent	needs to make an appointment to carry out a site visit,	whom should they contact?			
The applicant					
Other person					
7 Due amplication	Adviss				
7. Pre-application Has assistance or prior	advice been sought from the local authority about this a	pplication? • Yes	No No No		
8. Ownership Cer	tificates and Agricultural Land Declaration				
•	NERSHIP - CERTIFICATE A - Town and Country Plan		ngland) Order 2015 Certificate		
I certify/The applicant part of the land or bui holding**	certifies that on the day 21 days before the date of the ding to which the application relates, and that none	nis application nobody except myself/the applic of the land to which the application relates is, o	ant was the owner* of any or is part of, an agricultural		
* 'owner' is a person w reference to the defini	rith a freehold interest or leasehold interest with at le	east 7 years left to run. ** 'agricultural holding' h	nas the meaning given by		
NOTE: You should sig	n Certificate B, C or D, as appropriate, if you are the n agricultural holding.		application relates but the		
Person role The applicant The agent					
Title	Mr				
First name	Jack				
Surname	Smith				
Declaration date (DD/MM/YYYY)	20/04/2021				
✓ Declaration made					

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)	20/04/2021			