

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.

1. Site Address

Number	<input type="text"/>
Suffix	<input type="text"/>
Property name	<input type="text" value="Princess Alexandra Hospital, Block 5"/>
Address line 1	<input type="text" value="Hamstel Road"/>
Address line 2	<input type="text"/>
Address line 3	<input type="text"/>
Town/city	<input type="text" value="Harlow"/>
Postcode	<input type="text" value="CM20 1QX"/>
Description of site location must be completed if postcode is not known:	
Easting (x)	<input type="text" value="543989"/>
Northing (y)	<input type="text" value="210152"/>
Description	<input type="text"/>

2. Applicant Details

Title	<input type="text" value="Mr"/>
First name	<input type="text" value="Andrew"/>
Surname	<input type="text" value="Roberts"/>
Company name	<input type="text" value="Princess Alexandra Hosiptal NHS Trust"/>
Address line 1	<input type="text" value="Princess Alexandra Hospital,"/>
Address line 2	<input type="text" value="Block 5, Hamstel Road"/>
Address line 3	<input type="text"/>
Town/city	<input type="text" value="Harlow"/>

2. Applicant Details

Country	<input type="text"/>
Postcode	<input type="text" value="CM20 1QX"/>
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="Mr"/>
First name	<input type="text" value="Jack"/>
Surname	<input type="text" value="Smith"/>
Company name	<input type="text" value="AHP Architects & Surveyors"/>
Address line 1	<input type="text" value="The Mount"/>
Address line 2	<input type="text" value="2 Trent Valley Road"/>
Address line 3	<input type="text"/>
Town/city	<input type="text" value="Lichfield"/>
Country	<input type="text" value="UK"/>
Postcode	<input type="text" value="WS13 6EG"/>
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

Reference number

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

Has the development already started?

Yes No

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

15/02/2021

Has the development been completed?

Yes No

5. Condition(s) - Removal/Variation

Please state why you wish 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 acceptance for the inclusion of 2no additional external windows to the extension and 1no tensioned fabric canopy over the outdoor seating area.

6. 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

7. Pre-application Advice

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

Yes No

8. Ownership Certificates and Agricultural Land Declaration

CERTIFICATE OF OWNERSHIP - CERTIFICATE A - Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/the applicant was the owner* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding**

* 'owner' is a person with a freehold interest or leasehold interest with at least 7 years left to run. ** 'agricultural holding' has the meaning given by reference to the definition of 'agricultural tenant' in section 65(8) of the Act.

NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding.

Person role

- The applicant
 The agent

Title

First name

Surname

Declaration date (DD/MM/YYYY)

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