

# TOWN & COUNTRY PLANNING ACT 1990

APPLICATION FOR PERMISSION TO DEVELOP LAND AND / OR BUILDINGS

FOR OFFICE USE ONLY

Fee £ 95.00  
 Cheque / Postal Order / Cash 000515  
 Receipt No. Issued 0145353 20/12/00

PP002908

Borough Ref: .....  
 Registered No: .....  
 Date Received: 20 DEC 2000

TOWN PLANNING APPLICATION

COMPLETE

PLEASE READ CAREFULLY THE GENERAL NOTES BEFORE FILLING IN THE FORM

<b>PART ONE</b>	To be completed by or on behalf of all applicants as far as applicable
<b>FEE</b> (where applicable)	£ <u>95 =</u>

**1. APPLICANT** (in block capitals)

Name ROYAL MARSDEN HOSPITAL NHS TRUST  
 Address ROYAL MARSDEN HOSPITAL  
203 FULHAM ROAD  
LONDON SW3 6JJ  
 Tel. No. 020 78082135

**AGENT** (if any) to whom correspondence should be sent

Name MR. N. EARHAM  
 Address GIBBERD LTD  
117-121 CURTAIN RD  
LONDON EC2A 3AD  
 Tel. No. 020 77993400 Ref. ....

**2. PARTICULARS OF PROPOSAL FOR WHICH PERMISSION IS SOUGHT**

(a) Full address or location of the land to which this application applies

ROYAL MARSDEN HOSPITAL  
203 FULHAM ROAD  
LONDON SW3 6JJ

(b) Site area

EXISTING BUILDING AS INDICATED ON DRAWINGS

(c) Give details of proposal indicating the purpose for which the land/buildings are to be used and including any change(s) of use

REPLACE REVOLVING DOOR IN FULHAM ROAD ELEVATION

(d) State whether applicant owns or controls any adjoining land and if so, give it's location.

N/A

(e) State whether the proposal involves:- State Yes or No

(i) New buildings(s) or extension(s) to existing building(s)

NO  YES

If "Yes" state gross floor area of proposed building(s). N/A m<sup>2</sup>

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EX DIR	HDC	N	C	SW	SE	ENF	AO ACK
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20 DEC 2000

Internal  External

(ii) Alterations.....

APPLS	IO	REC	APP	FWD	CON	FEEB
(iii)	Change of use	N	DEF.			

If residential development state number of dwelling units proposed and type if known, e.g. houses, bungalows, flats.

N/A

(iv) Construction of new access to a highway } vehicular pedestrian

NO  NO

(v) Alteration of an existing access to a highway } vehicular pedestrian

NO  NO

If "Yes" state gross area of land or building(s) affected by proposed change of use (if more than one use involved state gross area of each use). N/A Hectares/m<sup>2</sup>

Strike out whichever is inapplicable

**3. PARTICULARS OF APPLICATION**

State whether this application is for:

State Yes or No

(i) Outline planning permission

NO

(ii) Full planning permission

YES

(iii) Renewal of temporary permission or permission for retention of building or continuance of use without complying with a condition subject to which planning permission has been granted.

NO

If "Yes" strike out any of the following which are not to be determined at this stage

- |                |                        |
|----------------|------------------------|
| 1. Siting      | 4. External appearance |
| 2. Design      | 5. Means of access     |
| 3. Landscaping |                        |

If "Yes" state the date and number of previous permission and identify the previous condition.

Date.....Number.....

The Condition.....

**4. PARTICULARS OF PRESENT AND PREVIOUS USE OF BUILDINGS OR LAND**

State :-

(i) Present use of buildings/land

..... HOSPITAL .....

(ii) If vacant the last previous use and period of use with relevant dates.

..... N/A .....

**5. LIST ALL DRAWINGS, CERTIFICATES, DOCUMENTS, ETC; forming part of this application**

..... CERTIFICATE A, PHOTOGRAPH VIEW ONE, (PA)01 RENOVATING DOOR ELEVATIONS  
 (PA)02 RENOVATING DOOR DETAILS, (PA)03 PLAN .....

**6. ADDITIONAL INFORMATION**

State Yes or No

(a) Is the application for non-residential development

If "Yes" complete PART THREE of this form (See PART THREE for exemptions)

(b) Does the application include the winning and working of minerals

NO

If "Yes" complete PART FOUR of this form

(c) Does the proposed development involve the felling of any trees

NO

If "Yes" state numbers and indicate precise position on plan

(d) (i) How will surface water be disposed of ?

..... N/A .....

(ii) How will foul sewage be dealt with ?

..... N/A .....

(e) Materials - Give details (unless the application is for outline permission) of the colour and type of materials to be used for:

(i) Walls.....

(ii) Roof.....

(iii) Means of enclosure.....

..... RENOVATING DOOR IN FRAMELESS GLASS CONSTRUCTION .....

**We hereby apply for (strike out whichever is inapplicable)**

(a) Planning permission to carry out the development described in this application and the accompanying plans in accordance therewith

~~(b) Planning permission to retain the building(s) or work(s) already constructed or carried out, or a use of the land already instituted as described in this application and accompanying plans.~~

Signed... N. Williams ..... on behalf of... GIBBELD LTD ..... Date... 19.12.00 .....

**AN APPROPRIATE CERTIFICATE MUST ACCOMPANY THIS APPLICATION (See Notes For Applicants)**

Certificate A: Where all the land/building is owned\* by the applicant.

Certificate B: Where some or all of the land/building is not owned\* by the applicant but the name and address of the owner(s) is known.

Certificate C: Where some or all of the land is not owned\* by the applicant and where the ownership of only part of the remainder is known.

Certificate D: Where some or all of the land/building is not owned\* by the applicant and the applicant has not been able to find out who owns it.

\* Freeholder or leaseholder with more than 7 years to run.

# THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

## TOWN AND COUNTRY PLANNING ACT 1990

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PART THREE:	ADDITIONAL INFORMATION FOR NON RESIDENTIAL DEVELOPMENT TO BE COMPLETED FOR ALL NON-RESIDENTIAL DEVELOPMENT
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1. For industrial development, describe the process to be carried on and of the end products, and the type of plant/machinery to be installed:	N/A		
2. If the proposal forms part of a larger scheme for which permission is not at present sought, briefly describe the ultimate development:	N/A		
3. If the proposal is related to an existing use on or near the site, please explain the relationship:	REPLACING EXISTING REVOLVING DOOR TO RECEPTION OF HOSPITAL		
4.	Existing floor space to be lost (through demolition or change of use)	Existing floorspace to be retained (if any)	Proposed additional floorspace
(a) What is the total floor space of all the buildings to which the application relates?	N/A m2	m2	m2
(b) What is the amount of industrial floor space included in the above figure?	N/A m2	m2	m2
(c) What is the amount of office floor space?	N/A m2	m2	m2
(d) What is the amount of floor space for retail trading?	N/A m2	m2	m2
(e) What is the amount of floor space for storage?	N/A m2	m2	m2
(f) What is the amount of floor space for warehousing?	N/A m2	m2	m2
(g) Please specify the amount of floor space of any other uses.	N/A m2	m2	m2

(Part Three continues overleaf)

**THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA  
TOWN AND COUNTRY PLANNING ACT 1990**

**PART THREE: SIDE TWO**

<p>5. How many staff will be employed on the site as a result of the proposed development?</p> <p>(a) full-time</p> <p>(b) part-time</p>	<p align="center">N/A</p>
<p>6. State estimated vehicular traffic flow to the site during a normal working day:</p> <p>(a) Heavy Goods Vehicles</p> <p>(b) Other vehicles</p>	<p align="center">1-2 LIGHT TRANSIT VANS / CARS</p>
<p>7. Describe parking / loading / unloading provision (also show location on plan unless you are reserving design for further approval).</p>	<p align="center">EXISTING HOSPITAL PARKING</p>
<p>8. State nature, volume and proposed means of disposal of any trade effluents or trade refuse:</p>	<p align="center">MINIMAL REFUSE TO BE DISPOSED OF BY CONTRACTOR</p>
<p>9. Please state here if hazardous substances in the quantities listed in Schedule 1 to the Planning (Hazardous Substances) Regulations (1992) will be kept on the land * :</p>	<p align="center">NO</p>

(\* For further information on Schedule 1 of the Planning (Hazardous Substances) Regulations please consult with the Planning Information Office, 0171 361 2079 / 2977).

<p>Signed: <i>N. Mann</i></p>	<p>On behalf of: <i>GIBBOLD LTD</i></p>	<p>Date: <i>19.12.00</i></p>
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**THE ROYAL BOROUGH OF KENSINGTON & CHELSEA**

**TOWN AND COUNTRY PLANNING ACT 1990  
TOWN AND COUNTRY PLANNING (GENERAL DEVELOPMENT  
PROCEDURE) ORDER 1995  
CERTIFICATE UNDER ARTICLE 7**

PP002908

Complete only one certificate, either A, B, C or D to accompany your application  
(see notes for applicants)

**CERTIFICATE A**

I certify that:

- No person other than the applicant was an owner (a) of any part of the land to which the application relates at the beginning of the period 21 days before the date of this application.
- None of the land to which this application relates constitutes or forms part of an agricultural holding.

Signed: *NARAYAN*

On behalf of: *GIBBOLD LTD*

Date: *19.12.00*

**CERTIFICATE B**

I certify that:

- I have/The applicant has given requisite notice to the persons specified below, being persons who on the day 21 days before the date of the application were owners (a) of any part of the land to which the application relates.
- None of the land to which the application relates constitutes or forms part of an agricultural holding.

Owner's name	Address at which notice was served	Date on which notice was served
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Signed:

On behalf of:

Date:

**THE ROYAL BOROUGH OF KENSINGTON & CHELSEA**

**TOWN AND COUNTRY PLANNING ACT 1990  
TOWN AND COUNTRY PLANNING (GENERAL DEVELOPMENT  
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On behalf of: *GIBBOLD LTD*

Date: *19.12.00*

**CERTIFICATE B**

I certify that:

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Owner's name	Address at which notice was served	Date on which notice was served
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Signed:

On behalf of:

Date:

# TOWN & COUNTRY PLANNING ACT 1990

FORM TP 1

APPLICATION FOR PERMISSION TO DEVELOP LAND AND / OR BUILDINGS IN GREATER LONDON

FOR OFFICE USE ONLY

Borough Ref: .....

Fee £ .....

Registered No. ....

Cheque / Postal Order / Cash

Date Received .....

Receipt No. Issued .....

PP002908

**PLEASE READ CAREFULLY THE GENERAL NOTES BEFORE FILLING IN THE FORM**

<b>PART ONE</b>	To be completed by or on behalf of all applicants as far as applicable
<b>FEE</b> (where applicable)	£ 95 =

**1. APPLICANT** (in block capitals)

Name ROYAL MAERSDEN HOSPITAL NHS TRUST  
 Address ROYAL MAERSDEN HOSPITAL  
203 FULHAM ROAD  
LONDON SW3 6JJ  
 Tel. No. 020 78082135

**AGENT** (if any) to whom correspondence should be sent

Name MR. N. KIRKHAM  
 Address SIBBERD LTD  
117-121 CURTAIN ED  
LONDON EC2A 3AD  
 Tel. No. 020 77393400 Ref. ....

**2. PARTICULARS OF PROPOSAL FOR WHICH PERMISSION IS SOUGHT**

(a) Full address or location of the land to which this application applies  
ROYAL MAERSDEN HOSPITAL  
203 FULHAM ROAD  
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(b) Site area  
EXISTING BUILDINGS AS INDICATED ON DRAWINGS

(c) Give details of proposal indicating the purpose for which the land/buildings are to be used and including any change(s) of use  
REPLACE REVOLVING DOOR IN FULHAM ROAD  
ELEVATION

(d) State whether applicant owns or controls any adjoining land and if so, give its location.  
N/A

(e) State whether the proposal involves:- State Yes or No

(i) New buildings(s) or extension(s) to existing building(s)  NO

If "Yes" state gross floor area of proposed building(s).  N/A m<sup>2</sup>

If residential development state number of dwelling units proposed and type if known, e.g. houses, bungalows, flats.  N/A

RECEIVED BY PLANNING SERVICES							
EX DIR	HDC	N	C	SW	SE	ENF	AO ACK
20 DEC 2000							NO
							YES

(ii) Alterations..... External  YES

(iii) Change of use.....  NO

If "Yes" state gross area of land or building(s) affected by proposed change of use (if more than one use involved state gross area of each use).  N/A Hectares/m<sup>2</sup>

(iv) Construction of new access to a highway } vehicular  NO  
 } pedestrian  NO

(v) Alteration of an existing access to a highway } vehicular  NO  
 } pedestrian  NO

Strike out whichever is inapplicable

### 3. PARTICULARS OF APPLICATION

State whether this application is for: State Yes or No

- (i) Outline planning permission  NO
- (ii) Full planning permission  YES
- (iii) Renewal of temporary permission or permission for retention of building or continuance of use without complying with a condition subject to which planning permission has been granted.  NO

If "Yes" strike out any of the following which are not to be determined at this stage

1. Siting	4. External appearance
2. Design	5. Means of access
3. Landscaping	

If "Yes" state the date and number of previous permission and identify the previous condition.

Date.....Number.....

The Condition.....

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State :-

- (i) Present use of buildings/land ..... HOSPITAL
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### 5. LIST ALL DRAWINGS, CERTIFICATES, DOCUMENTS, ETC; forming part of this application

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(PA)02 RENOVATING DOOR DETAILS, (PA)03 PLAN

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- (c) Does the proposed development involve the felling of any trees  NO If "Yes" state numbers and indicate precise position on plan
- (d) (i) How will surface water be disposed of ? ..... N/A
- (ii) How will foul sewage be dealt with ? ..... N/A
- (e) Materials - Give details (unless the application is for outline permission) of the colour and type of materials to be used for:
  - (i) Walls.....
  - (ii) Roof.....
  - (iii) Means of enclosure.....

RENOVATING DOOR IN FRAMELESS GLASS CONSTRUCTION

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Signed N. N. N. on behalf of GIBBELD LTD Date 19.12.00

### AN APPROPRIATE CERTIFICATE MUST ACCOMPANY THIS APPLICATION (See Notes For Applicants)

Certificate A: Where all the land/building is owned\* by the applicant.

Certificate B: Where some or all of the land/building is not owned\* by the applicant but the name and address of the owner(s) is known.

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Certificate D: Where some or all of the land/building is not owned\* by the applicant and the applicant has not been able to find out who owns it.

\* Freeholder or leaseholder with more than 7 years to run.



18 December 2000

PP002908

Planning Department  
Town Hall  
Horton Street  
London  
W8 7NX



For the attention of; Mr J Thorne

Dear Sirs,

**ROYAL MARSDEN HOSPITAL, 203 FULHAM ROAD**  
**Planning application – Proposed revolving door**

On behalf of The Royal Marsden NHS Trust we submit an application for a new revolving door within an existing portico on the Fulham Road elevation.

The proposed door is part of a proposal for the internal refurbishment of the main reception area, and is to coincide with the completion of the current façade restoration works.

The existing door provides a difficult entrance for the frail and infirm. The proposed introduction of this glazed door will provide improved access to the hospital and allow natural light into the reception area for those waiting within. We believe that the frameless glass door would be a more suitable proposal than a modern framed revolving door as it will not compete visually with the newly cleaned and restored portico.

The portico itself will not be altered in any way; the new door will fit within the existing aperture. We are aware that the building lies within the Chelsea Park Carlisle Conservation Area, and therefore seek your approval for the proposed door.

Yours faithfully

N Fairham  
NSF/G0313/5.01

Enc Photograph "view one", Existing and proposed elevations, Details, Plan, Site plan, Certificate A,  
Completed form and cheque for £95

Cc	C Randall	RMH
	R Herrmann	RHA
	J McCarthy	CJDP
	A Slee	WTP
	M Toye	WTP