

Application for approval of details reserved by condition.
Town and Country Planning Act 1990
Planning (Listed Buildings and Conservation Areas) Act 1990

Privacy Notice

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Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:



HILLINGDON
LONDON

London Borough of Hillingdon, Residents Services, 3N Civic Centre, High Street, Uxbridge, Middlesex UB8 1UW
Tel: 01895 250230 Web: www.hillingdon.gov.uk

Publication of applications on planning authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

Printed, please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your application.

1. Applicant Name and Address

Title:	MR			First name:	SHRENICK		
Last name:	SHAH						
Company (optional):	—						
Unit:	—	House number:	—	House suffix:	—		
House name:	'THE OLD SHOOTING BOX'						
Address 1:	HIGH ROAD						
Address 2:	—						
Address 3:	PINNER						
Town:	LONDON						
County:	HILLINGDON						
Country:	UK						
Postcode:	HA5 2EY						

2. Agent Name and Address

Title:	MR			First name:	CLIVE		
Last name:	ROBINSON						
Company (optional):	CDRB ARCHITECTS LTD						
Unit:	—	House number:	9	House suffix:	—		
House name:	—						
Address 1:	MILLAR COURT						
Address 2:	STATION ROAD						
Address 3:	—						
Town:	KENILWORTH						
County:	WARWICKSHIRE						
Country:	UK						
Postcode:	CV8 1JP						

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name: **THE OLD SHOOTING BOX**

Address 1: **HIGH ROAD**

Address 2: **PINNER**

Address 3:

Town: **LONDON**

County: **HILLINGDON**

Postcode (optional): **HA5 2EY**

Description of location or a grid reference.
(must be completed if postcode is not known):

Easting: Northing:

Description:

4. 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).

Please tick if the full contact details are not known, and then complete as much as possible: ☐

Officer name:

Reference:

Date (DD/MM/YYYY):

(must be pre-application submission)

Details of pre-application advice received?

5. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:

PROPOSED IMPROVEMENTS / ALTERATIONS TO FRONT LOGGIA INCLUDING THE REPLACEMENT OF EXISTING ROOF TILES, WINDOW SILLS & THE REPAIR OF TIMBER SIDE WINDOWS. INSTALLATION OF A TILED FLOOR & REPLACEMENT OF BRICK PARTY WALLS BELOW METAL WINDOWS WITH INSULATION TO 3 REFS.

Reference number: **20652/APP/2023/040** Date of decision: **22/3/23** (Date must be pre-application submission) (DD/MM/YYYY)

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

1.	CONDITION 3 - FLOOR TILES	6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Has the development already started?

☐ Yes ☒ No

If Yes, please state when the development started (DD/MM/YYYY):

(date must be pre-application submission)

Has the development been completed?

☐ Yes ☒ No

If Yes, please state when the development was completed (DD/MM/YYYY):

(date must be pre-application submission)

6. Discharge Of Condition

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

CONDITION 3 FLOOR TILES

7. Part Discharge Of Condition(s)

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: