



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

### Application for Approval of Details Reserved by Condition

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

Suffix

Property Name

Northwood And Pinner Community Hospital

Address Line 1

Pinner Road

Address Line 2

Address Line 3

Hillingdon

Town/city

Northwood

Postcode

HA6 1DE

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

Easting (x)

Northing (y)

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

Secondary number

Fax number

Email address

## Agent Details

Name/Company

Title

First name

Surname

Company Name

## Address

Address line 1

Address line 2

Address line 3

Town/City

County

Country

Postcode

## 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

Partial demolition, refurbishment and extension of the existing Cottage Hospital to provide a state of the art health centre and the comprehensive redevelopment of the remaining Site to provide residential (use class C3) accommodation and ancillary works including car parking, cycle parking, landscaping and associated works (phased).

Reference number

23658/APP/2021/1296

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

31/08/2023

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

Condition number(s)

5 & 19

Has the development already started?

Yes  
 No

## Part Discharge of Conditions

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

Please refer to covering letter.

The Application seeks to part discharge condition 5 in relation to the healthcare phase of the development only. Prior to the commencement of the residential phase, a further partial discharge of condition 5 will be submitted to show the existing and proposed ground levels and proposed finished floor levels of the residential development.

Condition 19 is being discharged fully.

## Discharge of Conditions

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

Please refer to 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

## Declaration

I/We hereby apply for Approval of details reserved by a condition (discharge) as described in the questions answered, details provided, 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.

I/We also accept that, in accordance with the Planning Portal's terms and conditions:

- Once submitted, this information will be made available to the Local Planning Authority and, once validated by them, be published 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

Bethan O'Sullivan

Date

08/01/2024