



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

Householder Application for Planning Permission for works or extension to a dwelling Town and Country Planning Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/app

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.

Please complete using block capitals and black ink.

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

1. Applicant Name and Address

Title: MR & MRS First name: A
Last name: LO
Company (optional):
Unit: House number: 87 House suffix:
House name:
Address 1: BIDEFORD ROAD
Address 2:
Address 3:
Town: RUISLIP
County: MIDDY
Country:
Postcode: HA4 0UE

2. Agent Name and Address

Title: MR First name: PETER
Last name: CRESSFIELD
Company (optional):
Unit: House number: 38 House suffix:
House name:
Address 1: IONA CRESCENT
Address 2: CIPPENHAM
Address 3:
Town: SLOUGH
County: BERKS
Country:
Postcode: SL1 6JH

3. Description of Proposed Works

Please describe the proposed works:

SINGLE STOREY SIDE/REAR EXTENSION.
FIRST FLOOR SIDE EXTENSION

29 AUG 2017

11 MAY 2017

3. Description of Proposed Works (continued)

Has the work already started? ☐ Yes ☒ No

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

(date must be pre-application submission date)

Has the work already been completed? ☐ Yes ☒ No

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

(date must be pre-application submission date)

4. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

5. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway? ☐ Yes ☒ No

Is a new or altered pedestrian access proposed to or from the public highway? ☐ Yes ☒ No

Do the proposals require any diversions, extinguishments and/or creation of public rights of way? ☐ Yes ☒ No

If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/drawing(s):

6. 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 possible: ☐

Officer name:

Reference:

Date (DD MM YYYY): (must be pre-application submission date)

Details of the pre-application advice received:

7. Trees and Hedges

Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development? ☐ Yes ☒ No

If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings

Will any trees or hedges need to be removed or pruned in order to carry out your proposal? ☐ Yes ☒ No

If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan drawing(s) and indicate the scale.

8. Parking

Will the proposed works affect existing car parking arrangements? ☐ Yes ☒ No

If Yes, please describe:

9. Authority Employee / Member

With respect to the Authority, I am:

(a) a member of staff
(b) an elected member
(c) related to a member of staff
(d) related to an elected member

Do any of these statements apply to you

☐ Yes ☒ No

If Yes, please provide details of the name, relationship and role

10. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

	Existing (where applicable)	Proposed	Not applicable	D K
Walls		RENDER	☐	
Roof		GREY TILES FLAT FELT ROOF	☐	
Windows		PVCU	☐	
Doors		PVCU	☐	
Boundary treatments (e.g. fences, walls)			☒	
Vehicle access and hard-standing			☒	
Lighting			☒	
Others (please specify)			☒	

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?

☒ Yes

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

LOCATION PLAN

PLAN NOS 87BR/1 87BR/2A