



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 Removal or Variation of a Condition following Grant of Planning Permission or Listed Building Consent

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	<input type="text" value="40"/>
Suffix	<input type="text"/>
Property Name	<input type="text"/>
Address Line 1	<input type="text" value="Station Approach"/>
Address Line 2	<input type="text" value="South Ruislip"/>
Address Line 3	<input type="text" value="Hillingdon"/>
Town/city	<input type="text" value="Ruislip"/>
Postcode	<input type="text" value="HA4 6RZ"/>

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

Easting (x)	Northing (y)
<input type="text" value="510949"/>	<input type="text" value="185217"/>

Description

Applicant Details

Name/Company

Title

Mr

First name

A

Surname

Power

Company Name

The Brienzi Group

Address

Address line 1

c/o agent

Address line 2

c/o agent

Address line 3

c/o agent

Town/City

c/o agent

County

c/o agent

Country

c/o agent

Postcode

Are you an agent acting on behalf of the applicant?

- ☒ Yes
- ☐ No

Contact Details

Primary number

\*\*\*\*\* REDACTED \*\*\*\*\*

Secondary number

Fax number

Email address

\*\*\*\*\* REDACTED \*\*\*\*\*

Agent Details

Name/Company

Title

First name

Tara

Surname

Fitzpatrick

Company Name

Maddox and Associates Ltd

Address

Address line 1

33 Broadwick Street

Address line 2

Address line 3

Town/City

London

County

Country

United Kingdom

Postcode

W1F 0DQ

## 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

Erection of a three storey building comprising a dental surgery and 6 residential units (3 x 1-bed units, 1 x 3-bed unit and 2 x 2-bed units), car and cycle parking and associated works, temporary permission for the siting of a modular building to the rear of the site for use as a dental surgery during the demolition of the existing dental surgery and construction of the proposed dental surgery

Reference number

27354/APP/2021/1291

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

01/09/2021

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

Condition number(s)

Condition 2

Has the development already started?

☒ Yes

☐ No

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

21/03/2022

Has the development been completed?

☐ Yes

☒ No

## Condition(s) - Variation/Removal

Please state why you wish the condition(s) to be removed or changed

Please refer to the submitted planning statement

If you wish the existing condition to be changed, please state how you wish the condition to be varied

Please refer to the submitted planning statement

## 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

**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):**

Officer name:

Title

\*\*\*\*\* REDACTED \*\*\*\*\*

First Name

\*\*\*\*\* REDACTED \*\*\*\*\*

Surname

\*\*\*\*\* REDACTED \*\*\*\*\*

Reference

Date (must be pre-application submission)

05/12/2022

Details of the pre-application advice received

Although my name is attached to this application, I should note that it was re-allocated to me at the end of the application process, post the report being completed for Committee etc. From memory, I think that this was because the previous case officer had left the Council. In other words, I don't know a great deal about the about the application so what I note below is subject to this caveat. I should also advise that once submitted, this application will be allocated to the Minor Applications Team and not myself. The above aside, I can advise that I do not see an issue with your proposed approach in principle but I cannot confirm the acceptability of the detail.

## Ownership Certificates and Agricultural Land Declaration

### Certificates under Article 14 - Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended)

Please answer the following questions to determine which Certificate of Ownership you need to complete: A, B, C or D.

Is the applicant the sole owner of all the land to which this application relates; and has the applicant been the sole owner for more than 21 days?

☒ Yes

☐ No

Is any of the land to which the application relates part of an Agricultural Holding?

☐ Yes

☒ No

### Certificate Of Ownership - Certificate A

**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

☒ Declaration made

## Declaration

I / We hereby apply for Removal/Variation of a condition as described in this form and 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 options of the persons giving them. I / We also accept that: Once submitted, this information will be transmitted to the Local Planning Authority and, once validated by them, be made available 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

Maddox Associates

Date

03/01/2023