

**Application for removal or variation of a condition following grant of planning permission.
Town and Country Planning Act 1990.
Planning (Listed Buildings and Conservation Areas) Act 1990**

Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form.

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:



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.

If 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 & Mrs			First name:	Zurab		
Last name:	Lakhtani						
Company (optional):							
Unit:		House number:	3	House suffix:			
House name:							
Address 1:	2 Rogers Court						
Address 2:							
Address 3:							
Town:	Uxbridge						
County:							
Country:							
Postcode:	UB8 2P						

2. Agent Name and Address

Title:	Mr			First name:	Mark		
Last name:	Cox						
Company (optional):	Mark Cox Associates						
Unit:		House number:		House suffix:			
House name:	Lower Farm Cottage						
Address 1:	Upper Road						
Address 2:	Upper						
Address 3:							
Town:	Milesbury						
County:	Bucks						
Country:							
Postcode:	HP17 9UA						

3. 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):

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:

Reference number: Date of decision (DD/MM/YYYY): (date must be pre-application submission)

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

1.		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. Condition(s) - Removal

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

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