



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

Address Line 1

Address Line 2

Address Line 3

Town/city

Postcode

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

The Hillingdon Hospital NHS Foundation Trust

Address

Address line 1

c/o agent

Address line 2

33 Margaret Street

Address line 3

Town/City

London

County

Country

United Kingdom

Postcode

W1G 0JD

Are you an agent acting on behalf of the applicant?

- ☒ Yes
- ☐ No

Contact Details

Primary number

***** REDACTED *****

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

Installation of new enclosed Air Handling Unit to the south of the Ophthalmology Ward

Reference number

3807/APP/2025/1420

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

30/07/2025

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

Condition number(s)

Condition 4

Has the development already started?

- ☐ Yes
- ☒ No

Part Discharge of Conditions

Are you seeking to discharge only part of a condition?

- ☐ Yes
- ☒ No

Discharge of Conditions

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

Please see cover 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

Esam Yahouni

Date

19/08/2025