



HILLINGDON  
LONDON

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

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

### 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            | First name:   | TOM |
| Last name:          | FORD          |               |     |
| Company (optional): |               |               |     |
| Unit:               |               | House number: | 269 |
|                     |               | House suffix: |     |
| House name:         |               |               |     |
| Address 1:          | VICTORIA ROAD |               |     |
| Address 2:          | RUISLIP       |               |     |
| Address 3:          |               |               |     |
| Town:               |               |               |     |
| County:             | MIDDLESEX     |               |     |
| Country:            | U.K           |               |     |
| Postcode:           | HA4 9DF       |               |     |

#### 2. Agent Name and Address

|                     |  |               |  |
|---------------------|--|---------------|--|
| Title:              |  | First name:   |  |
| Last name:          |  |               |  |
| Company (optional): |  |               |  |
| Unit:               |  | House number: |  |
|                     |  | House suffix: |  |
| House name:         |  |               |  |
| Address 1:          |  |               |  |
| Address 2:          |  |               |  |
| Address 3:          |  |               |  |
| Town:               |  |               |  |
| County:             |  |               |  |
| Country:            |  |               |  |
| Postcode:           |  |               |  |

#### 3. Description of Proposed Works

Please describe the proposed works:

CRO,  
EXTENDING CROSSOVER + PARKING TO FRONT  
GARDEN

### 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)

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)

### 4. Site Address Details

Please provide the full postal address of the application site.

Unit:

House

number:

269

House

suffix:

House

name:

Address 1:

VICTORIA ROAD

Address 2:

Address 3:

Town:

RUISLIP

County:

MIDDX

Postcode

(optional):

HA4 9DF

### 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:

RICHARD BUXTON

Reference:

33624667

Date (DD MM YYYY):

19.02.2015

(must be pre-application submission)

Details of the pre-application advice received:

ADVISED TO PUT APPLICATION THROUGH ALSO TO PROVIDE PROOF OF AN IDEAL PROPERTY IN WHICH IT HAS A CROSSOVER OF SIMILAR WIDTH TO WHICH WE ARE ASKING FOR.

### 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 boundary?

☐

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(s)/drawing(s) and indicate the scale.

### 8. Parking

Will the proposed works affect existing car parking arrangements?

☒

Yes

☒

No

If Yes, please describe:

TO FACILITATE PARKING ON FORE COURT

### 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<br>(where applicable) | Proposed | Not<br>applicable                   | Don't<br>Know            |
|---------------------------------------------|--------------------------------|----------|-------------------------------------|--------------------------|
| Walls                                       |                                |          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Roof                                        |                                |          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Windows                                     |                                |          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Doors                                       |                                |          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Boundary treatments<br>(e.g. fences, walls) |                                |          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Vehicle access and<br>hard-standing         |                                |          | <input type="checkbox"/>            | <input type="checkbox"/> |
| Lighting                                    |                                |          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Others<br>(please specify)                  |                                |          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

☐ Yes

☒ No

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