17 JUN 2019

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/apply

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:	ADAM
Last name:	DELVES.
Company (optional):	
Unit:	
House number:	10
House suffix:	
House name:	
Address 1:	TAVISTOCK ROAD.
Address 2:	
Address 3:	
Town:	ICKENHAM.
County:	
Country:	
Postcode:	UB10 8PW

2. Agent Name and Address

Title:	MR
First name:	MARK.
Last name:	SMITH
Company (optional):	
Unit:	
House number:	17
House suffix:	
House name:	
Address 1:	AUSTINS LANE
Address 2:	
Address 3:	
Town:	ICKENHAM.
County:	
Country:	
Postcode:	UB10 8RH

3. Description of Proposed Works

Please describe the proposed works:

DEMOLISH EXTG TIMBER/OBSCURE PITCH ROOF CANOPY

EXTEND EXTG SINGLE STOREY EXTENSION WITH 3 SIDED CANOPY TO EXTEND NO FURTHER THAN EXTG DEMOLISHED CANOPY

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: 10 House suffix: _____

House name: _____

Address 1: TAVISTOCK ROAD.

Address 2: _____

Address 3: _____

Town: ICKENHAM

County: _____

Postcode (optional): UB10 8PW.

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)

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(s)/ 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	Don't Know
Walls	RENDER	RENDER TO MATCH	☐	☐
Roof	FELT - FLAT POLYCARBONATE	FELT - FLAT POLYCARBONATE.	☐	☐
Windows	PVC.	PVC.	☐	☐
Doors	PVC	PVC.	☐	☐
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 ☒ No

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

DRWGS :- L.01 & L.02