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

Application for approval of details reserved by condition.

27 OCT 2017

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) 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:	DAVID
Last name:	CHIDLOW
Company (optional):	AQUINNA HOMES PLC
Unit:	
House number:	17
House suffix:	
House name:	HIGHWAY HOUSE
Address 1:	LONDON END
Address 2:	
Address 3:	
Town:	BEACONSFIELD
County:	BUCKS
Country:	
Postcode:	HP9 2HN

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. Site Address Details

Please provide the full postal address of the application site.

Unit: | House number: 22 | House suffix:

House name: PUNTERS GARAGE

Address 1: NEW ROAD

Address 2:

Address 3:

Town: HILLINGDON

County:

Postcode (optional): UB8 3DX

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:

ERECTION OF 8 DWELLINGS WITH ASSOCIATED PARKING AMENITY SPACE AND ACCESS INVOLVING DEMOLITION OF EXISTING INDUSTRIAL UNITS

Reference number: 4519/APP/2016/3619 Date of decision: 14/08/2017 (Date must be pre-application submission) (DD/MM/YYYY)

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

1.	CONDITION 5 - CONSTRUCTION/DEMO METHOD STATEMENT	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. Discharge Of Condition

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

CONDITION 5 (1) - SEE ATTACED SITE SET UP SEQUENCE DRAWINGS AND DEMOLITION HEALTH & SAFETY PLAN TO SHOW WORKS FROM STARTING ON SITE WITH HOARDING THROUGH TO CONSTRUCTION OF SUPERSTRUCTURES.

7. Part Discharge Of Condition(s)

Are you seeking to discharge only part of a condition? ☐ Yes ☐ No

If Yes, please indicate which part of the condition your application relates to: