

Application for approval of details reserved by condition.
Town and Country Planning Act 1990
Planning (Listed Buildings and Conservation Areas) Act 1990

Privacy Notice

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

2. Agent Name and Address

Title:	Mr	First name:	Cristian		
Last name:	Lazar				
Company (optional):	Lazar Fang Group Ltd				
Unit:		House number:		House suffix:	
House name:					
Address 1:					
Address 2:					
Address 3:					
Town:					
County:					
Country:					
Postcode:	N1 7GU				

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: 47-49 House suffix:
House name:
Address 1: High Street
Address 2:
Address 3:
Town: Ruislip
County:
Postcode (optional): HA4 7BD

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:

Part two storey, part single storey rear extension over flat roof to incorporate two additional 2 bedroom flats and 1 bedroom flat and enhance the two existing bedroom flats to 2 bedroom flats

Reference number: APP/R5510/W/17/3181601 Date of decision: 15.12.2017 (Date must be pre-application submission) (DD/MM/YYYY)

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

1.	No. 4	6.	<input type="text"/>
2.		7.	<input type="text"/>
3.		8.	<input type="text"/>
4.		9.	<input type="text"/>
5.		10.	<input type="text"/>

Has the development already started? Yes No

If Yes, please state when the development started (DD/MM/YYYY): 07.02.2019 (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:

Details of a sound proofing scheme, certified or to the certifiable standards between each floor.
Submitted document No. E19136 190806 IBF R1

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: