



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

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) 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:	<input type="text"/>	First name:	<input type="text"/> JENNY
Last name:	<input type="text"/> EVANS		
Company (optional):	<input type="text"/>		
Unit:	<input type="text"/>	House number:	<input type="text"/>
House name:	<input type="text"/>		
Address 1:	<input type="text"/> CIVIC CENTRE		
Address 2:	<input type="text"/> HIGH STREET		
Address 3:	<input type="text"/>		
Town:	<input type="text"/> UXBRIDGE		
County:	<input type="text"/>		
Country:	<input type="text"/>		
Postcode:	<input type="text"/> UB8 1UW		

2. Agent Name and Address

Title:	<input type="text"/>	First name:	<input type="text"/>
Last name:	<input type="text"/>		
Company (optional):	<input type="text"/>		
Unit:	<input type="text"/>	House number:	<input type="text"/>
House name:	<input type="text"/>		
Address 1:	<input type="text"/>		
Address 2:	<input type="text"/>		
Address 3:	<input type="text"/>		
Town:	<input type="text"/>		
County:	<input type="text"/>		
Country:	<input type="text"/>		
Postcode:	<input type="text"/>		

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:
House name:
Address 1: **FORMER BELMORRE ALLOTMENTS**
Address 2: **BURNS CLOSE**
Address 3:
Town:
County:
Postcode (optional): **UB9 0EJ**
Description of location or a grid reference.
(must be completed if postcode is not known):

Easting: **510184** Northing: **182002**

Description:

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:

RE-DEVELOPMENT OF FORMER ALLOTMENT SITE TO PROVIDE 5 X TWO TO THREE STOREY BLOCKS COMPRISING 112 RESIDENTIAL UNITS, INCLUDING 30 X 1-BED, 47 X 2-BED, 33 X 3-BED AND 2 X 4-BED UNITS WITH ASSOCIATED PARKING AND AMENITY SPACE.

Reference number: **68069/APP/2019/22** Date of decision: **15/10/2019** (Date must be pre-application submission) (DD/MM/YYYY)

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

1.	CONDITION 24 - CONSTRUCTION	6.	<input type="text"/>
2.	DEMOLITION PLAN	7.	<input type="text"/>
3.	<input type="text"/>	8.	<input type="text"/>
4.	<input type="text"/>	9.	<input type="text"/>
5.	<input type="text"/>	10.	<input type="text"/>

Has the development already started? Yes No

If Yes, please state when the development started (DD/MM/YYYY): **28/09/2018** (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:

DEMOLITION & CONSTRUCTION MANAGEMENT PLAN SHOWING PHASED DEVELOPMENT, PROGRAMME, WORKING HOURS, MATERIAL MANAGEMENT, TRAFFIC, DUST & NOISE MANAGEMENT.

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:

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: **CHRIS BRADY**

Reference:

Date (DD/MM/YYYY):
(must be pre-application submission)

Details of pre-application advice received?

8. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.

The original and 3 copies of a completed and dated application form:

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:

The correct fee:

INTERNAL MEMO

9. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Or signed - Agent:

Date((DD/MM/YYYY)):

30/9/2022

(date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code: National number:

Extension number:

Country code: Fax number (optional):

Email address (optional):

11. Agent Contact Details

Telephone numbers

Country code: National number:

Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

12. 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? (Please select only one)

Agent

Applicant

Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address:

