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:	SHAHID
Last name:	RASHID
Company (optional):	
Unit:	
House number:	13
House suffix:	
House name:	
Address 1:	ATTLEE ROAD
Address 2:	
Address 3:	
Town:	YEADING
County:	MIDDLESEX
Country:	ENGLAND
Postcode:	UB4 9JB

2. Agent Name and Address

Title:	MR
First name:	SANTOKH
Last name:	MATHARU
Company (optional):	
Unit:	
House number:	26
House suffix:	
House name:	
Address 1:	MELBURY AVENUE
Address 2:	
Address 3:	
Town:	SOUTHALL
County:	MIDDLESEX
Country:	ENGLAND
Postcode:	UB2 4HR

3. Description of Proposed Works

Please describe the proposed works:

DEMOLITION OF EXISTING CONSERVATORY AND CONSTRUCTION OF DOUBLE STOREY SIDE AND PART REAR AND SINGLE STOREY REAR EXTENSION.

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RECEIVED
28 APR 2014
PLANNING & TRANSPORTATION GROUP

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:	13	House suffix:	
House name:					
Address 1:	ATTLEE ROAD				
Address 2:	~~YEADING~~				
Address 3:					
Town:	YEADING				
County:	MIDDLESEX				
Postcode (optional):	UB4 9JB				

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		RED BRICKWORK	☐	☐
Roof		RED TILED ROOF	☐	☐
Windows		uPVC WHITE	☐	☐
Doors		uPVC WHITE	☐	☐
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:~~

DRG. NOS; 13/AR/01 – FLOOR PLANS
13/AR/02 – EXISTING ELEVATIONS AND SECTION
13/AR/03 – PROPOSED ELEVATIONS