



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:	MRS	First name:	N.
Last name:	SADIG		
Company (optional):	c/o A + N ARCHITECTS		
Unit:		House number:	
House name:			
Address 1:			
Address 2:			
Address 3:			
Town:			
County:			
Country:			
Postcode:			

2. Agent Name and Address

Title:	MR	First name:	NAVJIT
Last name:	MISTRY		
Company (optional):	A + N ARCHITECTS LTD		
Unit:		House number:	40
House name:			
Address 1:	SOMERSET RD		
Address 2:	ROAD		
Address 3:			
Town:	HARROW		
County:	MIDDX		
Country:	U.K.		
Postcode:	HA1 4NG		

3. Description of Proposed Works

Please describe the proposed works:

PART TWO STOREY, PART SINGLE STOREY SIDE/REAR EXTENSION
AND CONVERSION OF ATTACHED GARAGE TO HABITABLE USE INVOLVING
ALTERATIONS TO FRONT ELEVATION (PART RETROSPECTIVE)

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	BRICK	TO MATCH.	☐	☐
Roof	TILES	TO MATCH.	☐	☐
Windows	UPVC	TO MATCH	☐	☐
Doors	TIMBER	TO MATCH.	☐	☐
Boundary treatments (e.g. fences, walls)	NONE	AS EXISTING.	☐	☐
Vehicle access and hard-standing	NONE.	AS EXISTING.	☐	☐
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:

DRAWING NO'S - AR-P01, AR-P02, (AR-P03 & AR-P04)
(A3) (A3)