

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.

## 1. Site Address

Number	<input type="text"/>
Suffix	<input type="text"/>
Property name	<input type="text" value="17-23"/>
Address line 1	<input type="text" value="High Street"/>
Address line 2	<input type="text"/>
Address line 3	<input type="text"/>
Town/city	<input type="text" value="Ruislip"/>
Postcode	<input type="text" value="HA4 7AU"/>

Description of site location must be completed if postcode is not known:

Easting (x)	<input type="text" value="509142"/>
Northing (y)	<input type="text" value="187559"/>

Description	<input type="text"/>
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## 2. Applicant Details

Title	<input type="text" value="Mr"/>
First name	<input type="text" value="Alex"/>
Surname	<input type="text" value="Hunt"/>
Company name	<input type="text" value="MacNiven Quays Ltd"/>
Address line 1	<input type="text" value="Calpe House"/>
Address line 2	<input type="text" value="7a St Thomas Street"/>
Address line 3	<input type="text"/>
Town/city	<input type="text" value="WINCHESTER"/>

## 2. Applicant Details

Country	<input type="text"/>
Postcode	<input type="text" value="SO23 9HE"/>
Are you an agent acting on behalf of the applicant? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Primary number	<input type="text"/>
Secondary number	<input type="text"/>
Fax number	<input type="text"/>
Email address	<input type="text"/>

## 3. Agent Details

No Agent details were submitted for this application

## 4. Description of the Proposal

Please provide a description of the approved development as shown on the decision letter

Creation of first floor level and change of use of existing offices to create 2 x 2-bed and 3 x 1-bed self contained flats, parking and cycle storage involving alterations to elevations and associated works.

Reference number

72115/APP/2020/2688

Date of decision (date must be pre-application submission)

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

Condition number(s)

4. (Product Details & Samples)  
6. (Hard & Soft Landscaping)  
8. (Demolition and Construction Management Plan)  
9. (Asbestos Remediation Strategy)

Has the development already started?

☒ Yes ☐ No

## 5. Part Discharge of Conditions

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

9. (Asbestos Remediation Strategy):

This application relates to and seeks to discharge the pre-commencement element of the condition which states: 'Prior to the commencement of the development an Asbestos remediation strategy shall be submitted and approved in writing by the Local Planning Authority.'...

It is noted that the condition also states: '...'The condition will not be discharged until verification information has been submitted for the remedial works.' If asbestos remedial works are identified as being required following the further asbestos survey(s) (identified as necessary within the Asbestos Remediation Strategy currently being submitted) being undertaken, further details will be submitted for discharge under this part of the condition in due course, where appropriate.

## 6. Discharge of Conditions

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

Please refer to the submitted Covering Letter for full details.

## 7. 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?

- ☐ The agent  
☒ The applicant  
☐ Other person

## 8. 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):**

**Officer name:**

Title

First name

Surname

Reference

Date (Must be pre-application submission)

Details of the pre-application advice received

## 9. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them. ☒

Date (cannot be pre-application)