



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](http://www.hillingdon.gov.uk)

## Application for Planning Permission. 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](http://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: **JAMES A MIKHAE**  
Last name: **CRAIG A DEGUZMAN**  
Company (optional): **N/A**  
Unit:  House number: **15A16** House suffix:   
House name: **MARINA APPROACH**  
Address 1: **YEADING**  
Address 2:   
Address 3:   
Town: **HAYES**  
County: **MIDDLESEX**  
Country: **U.K**  
Postcode: **UB4 9TB**

### 2. Agent Name and Address

Title:  First name:   
Last name: **CONTACT MR. CRAIG**  
Company (optional):   
Unit:  House number: **16.** House suffix:   
House name:   
Address 1:   
Address 2:   
Address 3:   
Town:   
County:   
Country:   
Postcode:

### 3. Description of the Proposal

Please describe the proposed development, including any change of use:

**PROPOSED DEMINIMUS EXTENSION TO EXISTING BALCONY (REAR)  
WITH REPLACEMENT OF EXISTING STAIRCASE TO NEW  
DESIGN.**

London Borough of Hillingdon  
RECEIVED

14 OCT 2016

Planning  
Residents Services

Has the building, work or change of use already started?

☐ Yes

☒ No

If Yes, please state the date when building, work or use were started (DD/MM/YYYY):

**UNKNOWN**

(date must be pre-application submission)

Has the building, work or change of use been completed?

☐ Yes

☒ No

If Yes, please state the date when the building, work or change of use was completed: (DD/MM/YYYY):

**N/A**

(date must be pre-application submission)

#### 4. Site Address Details

Please provide the full postal address of the application site.

Unit:  House number: **15216** House suffix:

House name:

Address 1: **MARINA APPROACH**

Address 2: **YEADING**

Address 3:

Town: **HAYES**

County: **MIDDLESEX**

Postcode (optional): **UB4 9TB**

Description of location or a grid reference.  
(must be completed if postcode is not known):

Easting:  Northing:

Description:

#### 5. 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:

**MR. JOHN ALLUM**

Reference:

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

**21/09/16**

Details of pre-application advice received?

**THE PROPOSED ALTERATIONS ARE NOT MATERIAL AND OF A DEMINIMUS NATURE. THE DRAWINGS APPEARED TO MEET PLANNING LAWS WITH REGARD TO NO REDUCTION OF LIGHT, PRIVACY CONSIDERATION MET AND VIEWS ARE**

#### 6. 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

Are there any new public roads to be provided within the site? ☐ Yes ☒ No

Are there any new public rights of way to be provided within or adjacent to the site? ☐ Yes ☒ No

Do the proposals require any diversions /extinguishments and/or creation of rights of way? ☐ Yes ☒ No

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawings(s)

**N/A**

#### 7. Waste Storage and Collection **NOT MATERIALLY IMPACTED!**

Do the plans incorporate areas to store and aid the collection of waste? ☐ Yes ☒ No

If Yes, please provide details:

**N/A**

Have arrangements been made for the separate storage and collection of recyclable waste? ☒ Yes ☐ No

If Yes, please provide details:

**N/A - SEPARATE STORAGE FOR WASTE HAS BEEN IN PLACE FOR 26+ YEARS**

#### 8. 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

**N/A**

## 9. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

|                                             | Existing<br>(where applicable) | Proposed | Not<br>applicable                   | Don't<br>Know            |
|---------------------------------------------|--------------------------------|----------|-------------------------------------|--------------------------|
| Walls                                       | TIMBER                         | TIMBER   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Roof                                        |                                |          | <input type="checkbox"/>            | <input type="checkbox"/> |
| Windows                                     |                                |          | <input type="checkbox"/>            | <input type="checkbox"/> |
| Doors                                       |                                |          | <input type="checkbox"/>            | <input type="checkbox"/> |
| Boundary treatments<br>(e.g. fences, walls) | TIMBER                         | TIMBER   | <input type="checkbox"/>            | <input type="checkbox"/> |
| Vehicle access and<br>hard-standing         | N/A                            | N/A      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Lighting                                    | N/A                            | N/A      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Others<br>(please specify)                  | N/A                            | N/A      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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:

## 10. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

| Type of Vehicle                                  | Total<br>Existing | Total proposed (including<br>spaces retained) | Difference<br>in spaces |
|--------------------------------------------------|-------------------|-----------------------------------------------|-------------------------|
| Cars                                             | MULTIPLE          | MULTIPLE                                      | 0                       |
| Light goods vehicles/<br>public carrier vehicles | N/A               | N/A                                           |                         |
| Motorcycles                                      | N/A               | N/A                                           |                         |
| Disability spaces                                | N/A               | N/A                                           |                         |
| Cycle spaces                                     | N/A               | N/A                                           |                         |
| Other (e.g. Bus)                                 | N/A               | N/A                                           |                         |
| Other (e.g. Bus)                                 | N/A               | N/A                                           |                         |

### 11. Foul Sewage

Please state how foul sewage is to be disposed of:

- ☒ Mains sewer ☐ Cess pit  
☐ Septic tank ☐ Other  
☐ Package treatment plant

Are you proposing to connect to the existing drainage system? ☐ Yes ☒ No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

N/A

### 12. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

☐ Yes ☒ No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? ☒ Yes ☐ No

Will the proposal increase the flood risk elsewhere? ☐ Yes ☒ No

How will surface water be disposed of?

- ☒ Sustainable drainage system ☒ Existing watercourse  
☒ Soakaway ☒ Pond/lake  
☒ Main sewer ☒ Marina

### 13. Biodiversity and Geological Conservation

To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.

Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

- ☐ Yes, on the development site  
☐ Yes, on land adjacent to or near the proposed development  
☒ No

b) Designated sites, important habitats or other biodiversity features:

- ☐ Yes, on the development site  
☐ Yes, on land adjacent to or near the proposed development  
☒ No

c) Features of geological conservation importance:

- ☐ Yes, on the development site  
☐ Yes, on land adjacent to or near the proposed development  
☒ No

### 14. Existing Use

Please describe the current use of the site:

REAR GARDEN

Is the site currently vacant? ☐ Yes ☒ No

If Yes, please describe the last use of the site:

N/A

When did this use end (if known)?

DD/MM/YYYY

(date where known may be approximate)

Does the proposal involve any of the following?

If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated? ☐ Yes ☒ No

Land where contamination is suspected for all or part of the site? ☐ Yes ☒ No

A proposed use that would be particularly vulnerable to the presence of contamination? ☐ Yes ☒ No

### 15. Trees and Hedges

Are there trees or hedges on the proposed development site? ☐ Yes ☒ No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? ☐ Yes ☒ No

If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.

### 16. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? ☐ Yes ☒ No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

N/A - NO

**17. Residential Units (Including Conversion)**

Does your proposal include the gain, loss or change of use of residential units?  
If Yes, please complete details of the changes in the tables below:

☐ Yes

☒ No

N/A

**Proposed Housing**

| Market Housing          | Not known                | Number of Bedrooms |   |   |    |         | Total |
|-------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                         |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                  | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes   | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units         | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats           | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios          | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type            | <input type="checkbox"/> |                    |   |   |    |         |       |
| Totals (a+b+c+d+e+f+g)= |                          |                    |   |   |    |         |       |

| Social Rented           | Not known                | Number of Bedrooms |   |   |    |         | Total |
|-------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                         |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                  | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes   | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units         | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats           | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios          | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type            | <input type="checkbox"/> |                    |   |   |    |         |       |
| Totals (a+b+c+d+e+f+g)= |                          |                    |   |   |    |         |       |

| Intermediate            | Not known                | Number of Bedrooms |   |   |    |         | Total |
|-------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                         |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                  | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes   | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units         | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats           | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios          | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type            | <input type="checkbox"/> |                    |   |   |    |         |       |
| Totals (a+b+c+d+e+f+g)= |                          |                    |   |   |    |         |       |

| Key worker              | Not known                | Number of Bedrooms |   |   |    |         | Total |
|-------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                         |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                  | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes   | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units         | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats           | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios          | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type            | <input type="checkbox"/> |                    |   |   |    |         |       |
| Totals (a+b+c+d+e+f+g)= |                          |                    |   |   |    |         |       |

Total proposed residential units (A+B+C+D)=

**Existing Housing**

| Market Housing          | Not known                | Number of Bedrooms |   |   |    |         | Total |
|-------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                         |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                  | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes   | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units         | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats           | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios          | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type            | <input type="checkbox"/> |                    |   |   |    |         |       |
| Totals (a+b+c+d+e+f+g)= |                          |                    |   |   |    |         |       |

| Social Rented           | Not known                | Number of Bedrooms |   |   |    |         | Total |
|-------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                         |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                  | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes   | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units         | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats           | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios          | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type            | <input type="checkbox"/> |                    |   |   |    |         |       |
| Totals (a+b+c+d+e+f+g)= |                          |                    |   |   |    |         |       |

| Intermediate            | Not known                | Number of Bedrooms |   |   |    |         | Total |
|-------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                         |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                  | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes   | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units         | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats           | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios          | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type            | <input type="checkbox"/> |                    |   |   |    |         |       |
| Totals (a+b+c+d+e+f+g)= |                          |                    |   |   |    |         |       |

| Key worker              | Not known                | Number of Bedrooms |   |   |    |         | Total |
|-------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                         |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                  | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes   | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units         | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats           | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios          | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type            | <input type="checkbox"/> |                    |   |   |    |         |       |
| Totals (a+b+c+d+e+f+g)= |                          |                    |   |   |    |         |       |

Total existing residential units (E+F+G+H)=

**TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):**

## 18. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace?

☐ Yes

☐ No

If you have answered Yes to the question above please add details in the following table:

| Use class/type of use               | Not applicable                      | Existing gross internal floorspace (square metres) | Gross internal floorspace to be lost by change of use or demolition (square metres) | Total gross internal floorspace proposed (including change of use)(square metres) | Net additional gross internal floorspace following development (square metres) |
|-------------------------------------|-------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| A1                                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Shops                               | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Net tradable area:                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| A2                                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Financial and professional services | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| A3                                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Restaurants and cafes               | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| A4                                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Drinking establishments             | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| A5                                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Hot food takeaways                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B1 (a)                              | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Office (other than A2)              | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B1 (b)                              | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Research and development            | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B1 (c)                              | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Light industrial                    | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B2                                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| General industrial                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B8                                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Storage or distribution             | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| C1                                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Hotels and halls of residence       | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| C2                                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Residential institutions            | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| D1                                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Non-residential institutions        | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| D2                                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Assembly and leisure                | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| OTHER                               | <input type="checkbox"/>            |                                                    |                                                                                     |                                                                                   |                                                                                |
| Please Specify                      | <input type="checkbox"/>            |                                                    |                                                                                     |                                                                                   |                                                                                |
| Total                               |                                     |                                                    |                                                                                     |                                                                                   |                                                                                |

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

| Use class      | Type of use              | Not applicable                      | Existing rooms to be lost by change of use or demolition | Total rooms proposed (including changes of use) | Net additional rooms |
|----------------|--------------------------|-------------------------------------|----------------------------------------------------------|-------------------------------------------------|----------------------|
| C1             | Hotels                   | <input checked="" type="checkbox"/> |                                                          |                                                 |                      |
| C2             | Residential Institutions | <input checked="" type="checkbox"/> |                                                          |                                                 |                      |
| OTHER          |                          | <input checked="" type="checkbox"/> |                                                          |                                                 |                      |
| Please Specify |                          | <input checked="" type="checkbox"/> |                                                          |                                                 |                      |

## 19. Employment

Please complete the following information regarding employees:

|                    | Full-time | Part-time | Total full-time equivalent |
|--------------------|-----------|-----------|----------------------------|
| Existing employees | N/A       | N/A       | N/A                        |
| Proposed employees | N/A       | N/A       | N/A                        |

## 20. Hours of Opening

If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:

| Use | Monday to Friday | Saturday | Sunday and Bank Holidays | Not known |
|-----|------------------|----------|--------------------------|-----------|
| N/A | N/A              | N/A      | N/A                      | N/A       |
|     |                  |          |                          |           |
|     |                  |          |                          |           |

## 21. Site Area

Please state the site area in hectares (ha)

## 22. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

N/A

Is the proposal a waste management development? ☐ Yes ☒ No

If the answer is Yes, please complete the following table:

|                                                                    | Not applicable           | The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste) | Maximum annual operational throughput in tonnes (or litres if liquid waste) |
|--------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Inert landfill                                                     | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Non-hazardous landfill                                             | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Hazardous landfill                                                 | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Energy from waste incineration                                     | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Other incineration                                                 | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Landfill gas generation plant                                      | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Pyrolysis/gasification                                             | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Metal recycling site                                               | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Transfer stations                                                  | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Material recovery/recycling facilities (MRFs)                      | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Household civic amenity sites                                      | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Open windrow composting                                            | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| In-vessel composting                                               | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Anaerobic digestion                                                | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Any combined mechanical, biological and/or thermal treatment (MBT) | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Sewage treatment works                                             | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Other treatment                                                    | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Recycling facilities construction, demolition and excavation waste | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Storage of waste                                                   | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Other waste management                                             | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Other developments                                                 | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |

Please provide the maximum annual operational throughput of the following waste streams:

|                                         |  |
|-----------------------------------------|--|
| Municipal                               |  |
| Construction, demolition and excavation |  |
| Commercial and industrial               |  |
| Hazardous                               |  |

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

## 23. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below? ☐ Yes ☒ No ☐ Not applicable

If Yes, please provide the amount of each substance that is involved:

Acrylonitrile (tonnes)  Ethylene oxide (tonnes)  Phosgene (tonnes)   
Ammonia (tonnes)  Hydrogen cyanide (tonnes)  Sulphur dioxide (tonnes)   
Bromine (tonnes)  Liquid oxygen (tonnes)  Flour (tonnes)   
Chlorine (tonnes)  Liquid petroleum gas (tonnes)  Refined white sugar (tonnes)

Other:

Other:

Amount (tonnes):

Amount (tonnes):