

Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning Act 1990

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Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of their obligations in regards to the processing of your application. Please refer to their website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:



London Borough of Hillingdon, Residents Services, 3N Civic Centre, High Street, Uxbridge, Middlesex UB8 1UW
Tel: 01895 250230 Web: www.hillingdon.gov.uk

Publication on Local Planning Authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the authority directly.

If printed, please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your application.

1. Applicant Name and Address

Title:	MR & MRS	First name:	
Last name:	FISHER		
Company (optional):			
Unit:		House number:	6
		House suffix:	
House name:			
Address 1:	MILL ROAD		
Address 2:			
Address 3:			
Town:	WEST DRAYTON		
County:	MIDDLESEX		
Country:	UK		
Postcode:	UB7 7EQ		

2. Agent Name and Address

Title:	MR	First name:	DAVID
Last name:	WEBB		
Company (optional):	UXBRIDGE DESIGN		
Unit:		House number:	21B
		House suffix:	
House name:			
Address 1:	WINDSOR STREET		
Address 2:			
Address 3:			
Town:	UXBRIDGE		
County:	MIDDLESEX		
Country:	UK		
Postcode:	UB8 1AB		

3. Description of Proposed Works

Please describe the proposed works:

OUTBUILDING TO REAR OF GARDEN TO BE USED AS A GYM AND FAMILY/HOBBY ROOM. THIS WILL REPLACE EXISTING SHEDS

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: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

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:

PLEASE REFER TO TREE REPORT
REF: CTC1663

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		BRICK TO MATCH REAR OF HOUSE AS CLOSELY AS POSSIBLE	☐	☐
Roof		FLAT ROOF SKYLIGHT TO REAR FELT & BITUMEN ROOF	☐	☐
Windows			☒	☐
Doors		BI-FOLDING DOORS (ALUMINIUM) TO MATCH REAR OF HOUSE	☐	☐
Boundary treatments (e.g. fences, walls)			☒	☐
Vehicle access and hard-standing			☒	☐