



HILLINGDON LONDON

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

Application for approval of details reserved by condition.

15 JAN 2020

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.

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:	BARNABY
Last name:	MARSHALL		
Company (optional):			
Unit:		House number:	27
House name:			
Address 1:	THAMES DRIVE		
Address 2:			
Address 3:			
Town:	RUISLIP		
County:	MIDDX		
Country:	ENGLAND		
Postcode:	HA4 7AY		

2. Agent Name and Address

Title:	MR	First name:	JOHN
Last name:	EVANS		
Company (optional):			
Unit:		House number:	298
House name:			
Address 1:	WOODLANDS AVENUE		
Address 2:	EASTCOTE		
Address 3:			
Town:	RUISLIP		
County:	MIDDX		
Country:	ENGLAND		
Postcode:	HA4 9QZ		

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: **27** House suffix:
House name:
Address 1: **THAMES DRIVE**
Address 2:
Address 3:
Town: **RUISLIP**
County: **MIDDLESEX**
Postcode (optional): **HA4 7AY**

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

Easting: Northing:

Description:

5. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:

Variation of condition 2 (approved plans) of planning permission ref: 74698/APP/2019/1404 dated 20/06/2019 (Two storey rear extension involving demolition of existing conservatory) to allow for an increased depth to the single storey element

Reference number: **74698/APP/2019/3535** Date of decision: **06.01.2020** (Date must be pre-application submission) (DD/MM/YYYY)

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

1.		6.	
2.		7.	
3.		8.	
4.		9.	
<input checked="" type="checkbox"/> 5.	DETAILS OF SOAKAWAY	10.	

Has the development already started?

Yes No

If Yes, please state when the development started (DD/MM/YYYY):

(date must be pre-application submission)

Has the development been completed?

Yes No

If Yes, please state when the development was completed (DD/MM/YYYY):

(date must be pre-application submission)

6. Discharge Of Condition

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

*(SEE ATTACHED LETTER
WHERE THIS MAYBE
EASIER TO READ)*

**SURFACE WATER MUST BE DIRECTED TO A SOAKAWAY DESIGNED IN ACCORDANCE WITH PARAS.
3.23 TO 3.30 OF APPROVED PART H 202 EDITION. TO BE A MIN. OF 5M FROM ANY BUILDING.
ASSUMING A RUBBLE FILLED CLAY SUBSOIL. E TO BE SIZED 1m³ FOR EVERY 16m² OF ROOF
SURFACE AREA DRAINED. VOLUME MEASURED BELOW INVERT LEVEL OF DISCHARGE PIPE**

7. Part Discharge Of Condition(s)

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: