



Application for a non-material amendment following a grant of planning permission. Town and Country Planning Act 1990

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Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its 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 of applications on 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 Local Planning 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: First name:
Last name:
Company (optional):
Unit: House number: House suffix:
House name:
Address 1:
Address 2:
Address 3:
Town:
County:
Country:
Postcode:

2. Agent Name and Address

Title: First name:
Last name:
Company (optional):
Unit: House number: House suffix:
House name:
Address 1:
Address 2:
Address 3:
Town:
County:
Country:
Postcode:



Address Details

Please provide the full postal address of the application site.

Plot number:	House number: 139	House suffix:
Full name:		
Address 1: 139 MYRTLESIDE CLOSE		
Address 2:		
Address 3:		
Town: NORTHWOOD		
County: MIDDLESEX		
Postcode (optional): HA6 2GB		
Description of location or a grid reference. (must be completed if postcode is not known):		
Easting:	Northing:	
Description:		

4. Pre-application Advice

Has assistance or prior advice been sought from the local planning 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:

Reference:

Date of advice (DD/MM/YYYY):

Details of pre-application advice received:

5. Eligibility

Do you, or the person on whose behalf you are making this application, have an interest in the part of the land to which this amendment relates?

☒ Yes

☐ No

If you have answered No to this question, you cannot apply to make a non-material amendment.

If you are not the sole owner, has notification under article 10 of the Town and Country Planning (Development Management Procedure) (England) Order 2015 been given?

☐ Yes

☐ No

☒ Not Applicable

If you have answered No to this question, you cannot apply to make a non-material amendment.

If you have answered Yes to this question, please give details of persons notified:

Person Notified	Address	Date of Notification

6. Authority Employee / Member

It is an important principle of decision-making that the process is open and transparent. For the purposes of this question "relating to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority.

Do any of the following statements apply to you and/or agent? ☐ Yes

☒ No

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

If yes please provide details of their name, role and how you are related to them.



Decision Of Your Proposal

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

PROPOSED SINGLE STOREY REAR EXTENSION WITH
ROOFLIGHT AND LANDSCAPE REAR GARDEN

Reference number:

75348 / APP / 2020 / 2686

Date of decision (DD/MM/YYYY):

13/01/2021

What was the original application type?
(e.g. 'Full', 'Householder and Listed Building', 'Outline')

FULL

For the purpose of calculating fees, which of the following best describes the original application type?

Householder development: development to an existing dwelling-house or development within its curtilage ☐

Other: anything not covered by the above category ☒

8. Non-Material Amendment(s) Sought

Please describe the non-material amendment(s) you are seeking to make:

- 1/ INTERNAL ALTERATION & LANDSCAPE DESIGN
- 2/ REMOVAL OF PROPOSED ROOF LIGHT
- 3/ EXISTING LOW LEVEL RETAINING WALL AT BOUNDARY IS TO REMAIN, THEREFORE THE PROPOSED EXTENSION SIDE WALLING IS AMENDED TO ALLOW FOR RETAINING WALLING TO REMAIN

Are you intending to substitute amended plans or drawings?

☒ Yes

☐ No

If Yes, please complete the following:

Old plan/drawing number(s):

PL-139-1000

SLP-3000

BP-4000

New plan/drawing number(s):

PL-139-1000 REV A

Please state why you wish to make this amendment:

- 1/ IMPROVED INTERNAL LAYOUT & LANDSCAPE DESIGN
- 2/ LESS CONSTRUCTION WORKS