



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

0202 701 01

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

### Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council'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:   | AMIR |
| Last name:          | MASOOD         |               |      |
| Company (optional): |                |               |      |
| Unit:               |                | House number: | 14   |
|                     |                | House suffix: |      |
| House name:         |                |               |      |
| Address 1:          | MARVELL AVENUE |               |      |
| Address 2:          |                |               |      |
| Address 3:          |                |               |      |
| Town:               | HAYES          |               |      |
| County:             | MIDDLESEX      |               |      |
| Country:            | UK             |               |      |
| Postcode:           | UB4 0QR        |               |      |

### 2. Agent Name and Address

|                     |                 |               |    |
|---------------------|-----------------|---------------|----|
| Title:              | MR              | First name:   | J. |
| Last name:          | BENAIM          |               |    |
| Company (optional): |                 |               |    |
| Unit:               |                 | House number: | 48 |
|                     |                 | House suffix: |    |
| House name:         |                 |               |    |
| Address 1:          | GRASHERE AVENUE |               |    |
| Address 2:          |                 |               |    |
| Address 3:          |                 |               |    |
| Town:               | WEMBLEY         |               |    |
| County:             | MIDDLESEX       |               |    |
| Country:            | UK              |               |    |
| Postcode:           | HA9 8TD         |               |    |

### 3. Description of Proposed Works

Please describe the proposed works:

SINGLE STOREY REAR EXTENSION

### 3. Description of Proposed Works (continued)

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 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):

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:

Reference:

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

Details of the pre-application advice received:

### 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

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)

### 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 boundary?

☐ Yes ☒ No

If Yes, please mark their position on a scaled

plan and state the reference number of any plan(s)/drawing(s):

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.

|                                            | Existing<br>(where applicable) | Proposed                              | Not<br>applicable        | Don't<br>Know            | Drawing<br>references if<br>applicable |
|--------------------------------------------|--------------------------------|---------------------------------------|--------------------------|--------------------------|----------------------------------------|
| Walls                                      |                                | BLOCK RENDERED<br>TO MATCH EXISTING   | <input type="checkbox"/> | <input type="checkbox"/> |                                        |
| Roof                                       |                                | FLAT GREY FELT                        | <input type="checkbox"/> | <input type="checkbox"/> |                                        |
| Windows                                    |                                | DOUBLE SLAZED<br>TO MATCH<br>EXISTING | <input type="checkbox"/> | <input type="checkbox"/> |                                        |
| Doors                                      |                                | —                                     | <input type="checkbox"/> | <input type="checkbox"/> |                                        |
| boundary treatments<br>e.g. fences, walls) |                                | —                                     | <input type="checkbox"/> | <input type="checkbox"/> |                                        |
| Vehicle access and<br>yard-standing        |                                | —                                     | <input type="checkbox"/> | <input type="checkbox"/> |                                        |
| Lighting                                   |                                | LOW ENERGY                            | <input type="checkbox"/> | <input type="checkbox"/> |                                        |
| Others<br>(please specify)                 |                                | —                                     | <input type="checkbox"/> | <input type="checkbox"/> |                                        |

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?

☒ Yes

☐ No

Yes, please state references for the plan(s)/drawing(s)/design and access statement:

EXISTING AND PROPOSED PLANS AND ELEVATIONS

DWG. NOS. S/B 74/1-2