



Application for approval of details reserved by condition.
Town and Country Planning Act 1990
Planning (Listed Buildings and Conservation Areas) Act 1990

Privacy Notice

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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. A subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in accordance 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

Publishing 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 further clarification, please contact the Local Planning Authority directly.

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:

Surname:

Company (optional): HIGGINS PARTNERSHIP 1961 PLC

Unit: House number: House suffix:

House name:

Address 1: ONE LANCSTON ROAD

Address 2:

Address 3:

Town: LOUGHTON

County:

Country:

Postcode: IG10 3SD

2. Agent Name and Address

Title: Ms First name: POLLY

Last name: BUTLIN

Company (optional): LICHFIELDS

Unit: House number: House suffix:

House name:

Address 1: THE MINSTER BUILDING

Address 2: 21 MINCING LANE

Address 3:

Town: LONDON

County:

Country:

Postcode: EC3R 7AG

1. Site Address Details

Please provide the full postal address of the application site.

Unit:	House number:	House suffix:
Postcode (optional):	UB3 3DN	
Description of location or a grid reference. (must be completed if postcode is not known):		
asting:	Northing:	
Description:		

4. 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 pre-application advice received?

2. 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:

HYBRID PLANNING APPLICATION SEEKING OUTLINE PERMISSION (WITH ALL MATTERS RESERVED) FOR RESIDENTIAL FLOORSPACE (CLASS E3) INCLUDING DEMOLITION OF ALL EXISTING BUILDINGS AND STRUCTURES; ERECTION OF NEW BUILDINGS; PROVISION OF A COMMUNITY CENTRE (UP TO 140 SQM OF USE CLASS F2 (b) FLOORSPACE); NEW PEDESTRIAN AND VEHICULAR ACCESS; ASSOCIATED AMENITY SPACE, OPEN SPACE, LANDSCAPING; CAR AND CYCLE PARKING SPACES; PLANT, REFUSE STORAGE, SERVICING AREA

Reference number: 26550 /APP/ 2021/ 4499

Date of decision:

28/09/2022

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

(continued overleaf...)

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

1.	42	6.	
2.		7.	
3.		8.	
4.		9.	
5.		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)

3. Discharge Of Condition

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

CENTRAL PLINCH RISK ASSESSMENT

PILE LAYOUT SHOWING EXISTING + NEW PROPOSED SEWER (HTC-1ES-P122-FoN-GA-5-8890 Rev P2)

GROUND FLOOR SHOWING EXISTING + NEW PROPOSED SEWER (HTC-1ES-P122-00-GA-5-8891 Rev P2)

4. 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:

DETAILED FIRST PHASE

Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority (LPA) has been submitted.

The original and 3 copies* of a completed and dated application form:

The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:

The correct fee:

National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required.

*As may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick).

You can check your LPA's website for information or contact their planning department to discuss these options.

Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

(application)

0. Applicant Contact Details

Telephone numbers

Country code: National number:

Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

11. Agent Contact Details

Telephone numbers

Country code: National number:

Extension number:

Country code: Fax number (optional):

Email address (optional):

2. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?

Yes

No

The planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)

Agent

Applicant

Other (if different from the agent/applicant's details)

Other has been selected, please provide:

Contact name:

Telephone number:

Email address:

* AND OTHER WORKS INCIDENTAL TO THE PROPOSED DEVELOPMENT; FULL PLANNING PERMISSION FOR BLOCKS A AND B COMPRISING 80 RESIDENTIAL UNITS (CLASS C3); NEW PEDESTRIAN AND VEHICULAR ACCESS; ASSOCIATED AMENITY SPACE AND LANDSCAPING; CAR AND CYCLE PARKING; REFUSE STORAGE, SERVICING AREA; AND OTHER ASSOCIATED INFRASTRUCTURE TO INCLUDE TEMPORARY HIGHWAYS AND LANDSCAPING WORKS.