

## Application for Planning Permission. Town and Country Planning Act 1990

### Privacy Notice

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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 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](http://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:              | <input type="text" value="Mr. &amp; Mrs."/>      | First name:   | <input type="text" value="R. &amp; C. Kelly, and"/> |               |                      |
| Last name:          | <input type="text" value="Ms. Mathi Woodhouse"/> |               |                                                     |               |                      |
| Company (optional): | <input type="text"/>                             |               |                                                     |               |                      |
| Unit:               | <input type="text"/>                             | House number: | <input type="text" value="5 &amp; 7"/>              | House suffix: | <input type="text"/> |
| House name:         | <input type="text" value="Hoylake Crescent"/>    |               |                                                     |               |                      |
| Address 1:          | <input type="text" value="Ickenham"/>            |               |                                                     |               |                      |
| Address 2:          | <input type="text"/>                             |               |                                                     |               |                      |
| Address 3:          | <input type="text"/>                             |               |                                                     |               |                      |
| Town:               | <input type="text"/>                             |               |                                                     |               |                      |
| County:             | <input type="text"/>                             |               |                                                     |               |                      |
| Country:            | <input type="text"/>                             |               |                                                     |               |                      |
| Postcode:           | <input type="text" value="UB10 8JD"/>            |               |                                                     |               |                      |

### 2. Agent Name and Address

|                     |                                                         |               |                                    |               |                      |
|---------------------|---------------------------------------------------------|---------------|------------------------------------|---------------|----------------------|
| Title:              | <input type="text" value="Mr."/>                        | First name:   | <input type="text" value="Simon"/> |               |                      |
| Last name:          | <input type="text" value="Mc Gough"/>                   |               |                                    |               |                      |
| Company (optional): | <input type="text" value="COHABIT Design Cooperative"/> |               |                                    |               |                      |
| Unit:               | <input type="text"/>                                    | House number: | <input type="text" value="4"/>     | House suffix: | <input type="text"/> |
| House name:         | <input type="text" value="Tweeddale Grove"/>            |               |                                    |               |                      |
| Address 1:          | <input type="text" value="Ickenham"/>                   |               |                                    |               |                      |
| Address 2:          | <input type="text"/>                                    |               |                                    |               |                      |
| Address 3:          | <input type="text"/>                                    |               |                                    |               |                      |
| Town:               | <input type="text"/>                                    |               |                                    |               |                      |
| County:             | <input type="text"/>                                    |               |                                    |               |                      |
| Country:            | <input type="text"/>                                    |               |                                    |               |                      |
| Postcode:           | <input type="text" value="UB10 8TT"/>                   |               |                                    |               |                      |

### 3. Description of the Proposal

Please describe the proposed development, including any change of use:

The application relates to development work to a pair of adjoining semi-detached dwellings; Nos. 5 & 7 Hoylake Crescent (joint app') and is part-retrospective. The work includes: (a); at No.5 Hoylake Crescent: a 'wrap' side and rear single storey extension, of c.23sqm + storage/garage of 21sqm, with the side extension having a width ranging from 1.3m to 2.52m, and the rear extension having a depth of 4m from the original rear elevation, part flat-roofed (with 2no. lantern-style rooflights), with a height of 3m, and part pitched roof with a ridge height of 5m, with 1no. velux-style rooflight, and (also at No.5); the merging of 2no. existing front dormers into one larger dormer window, and; at No.7 Hoylake Crescent; the merging of 2no. existing front dormers into one larger dormer window, in addition to; (b); at No.7 Hoylake Crescent: the creation of a pitched roof above the side extension with a ridge height of 4.3m, including 1no. velux-style rooflight (note: the side and rear extension to No.7 is the subject of an 'active' / 'live' application (Ref: 58493/APP/2022/62). Note: Part '(a)' of the application describes development work which has already been carried out, and is retrospective.

Has the building, work or change of use already started?

☒ Yes

☐ No \*In Part

If Yes, please state the date when building, work or use were started (DD/MM/YYYY):

01.12.2018

(date must be pre-application submission)

Has the building, work or change of use been completed?

☒ Yes

☒ No \*In part, yes.

If Yes, please state the date when the building, work or change of use was completed: (DD/MM/YYYY):

01.03.2019

(date must be pre-application submission)

Reference no. of permission in principle being relied on (technical details consent applications only):

n/a

### 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:

Mr. D. Lord, Mr. J. Patel

Reference:

ENF/1/22, and: 58493/APP/2021/3021

Date (DD/MM/YYYY):

(must be pre-application submission)

28.01.22

Details of pre-application advice received?

Advice received from Mr. J. Patel, regarding: (a) No.7's refused application in Oct'21 (Ref: 58493/APP/2021/3021); (b) flat roof & pitched roof options, to achieve a grant of consent (No.7), and; (c) the unauthorized development at No.5, and the enforcement notice served by LBH on No.5 on 21.01.22. Also discussed with Mr. D. Lord.

## 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

Are there any new public roads to be provided within the site?

☐ Yes ☒ No

Are there any new public rights of way to be provided within or adjacent to the site?

☐ Yes ☒ No

Do the proposals require any diversions /extinguishments and/or creation of rights of way?

☐ Yes ☒ No

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawings(s)

## 7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste?

☐ Yes ☒ No

If Yes, please provide details:

Have arrangements been made for the separate storage and collection of recyclable waste?

☐ Yes ☒ No

If Yes, please provide details:

## 8. Authority Employee / Member

It is an important principle of decision-making that the process is open and transparent. For the purposes of this question, "related 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.

## 9. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

|                                             | Existing<br>(where applicable)          | Proposed          | Not<br>applicable        | Don't<br>Know            |
|---------------------------------------------|-----------------------------------------|-------------------|--------------------------|--------------------------|
| Walls                                       | render                                  | to match existing | <input type="checkbox"/> | <input type="checkbox"/> |
| Roof                                        | slate                                   | to match existing | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows                                     | uPVC                                    | to match existing | <input type="checkbox"/> | <input type="checkbox"/> |
| Doors                                       | uPVC                                    | to match existing | <input type="checkbox"/> | <input type="checkbox"/> |
| Boundary treatments<br>(e.g. fences, walls) | slatted timber                          | to match existing | <input type="checkbox"/> | <input type="checkbox"/> |
| Vehicle access and<br>hard-standing         | permeable / part-permeable hardstanding | to match existing | <input type="checkbox"/> | <input type="checkbox"/> |
| Lighting                                    |                                         |                   | <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

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

## 10. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

| Type of Vehicle                                  | Total<br>Existing | Total proposed (including<br>spaces retained) | Difference<br>in spaces |
|--------------------------------------------------|-------------------|-----------------------------------------------|-------------------------|
| Cars                                             | 4                 | 4                                             | 0                       |
| Light goods vehicles/<br>public carrier vehicles |                   |                                               |                         |
| Motorcycles                                      |                   |                                               |                         |
| Disability spaces                                |                   |                                               |                         |
| Cycle spaces                                     |                   |                                               |                         |
| Other (e.g. Bus)                                 |                   |                                               |                         |
| Other (e.g. Bus)                                 |                   |                                               |                         |

### 11. Foul Sewage

Please state how foul sewage is to be disposed of:

- ☒ Mains sewer ☐ Cess pit  
☐ Septic tank ☐ Other  
☐ Package treatment plant

Are you proposing to connect to the existing drainage system? ☐ Yes ☐ No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

n/a

### 12. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

☐ Yes ☒ No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? ☐ Yes ☒ No

Will the proposal increase the flood risk elsewhere? ☐ Yes ☒ No

How will surface water be disposed of?

- ☐ Sustainable drainage system ☐ Existing watercourse  
☒ Soakaway ☐ Pond/lake  
☒ Main sewer

### 13. Biodiversity and Geological Conservation

To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.

Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

- ☐ Yes, on the development site  
☐ Yes, on land adjacent to or near the proposed development  
☒ No

b) Designated sites, important habitats or other biodiversity features:

- ☐ Yes, on the development site  
☐ Yes, on land adjacent to or near the proposed development  
☒ No

c) Features of geological conservation importance:

- ☐ Yes, on the development site  
☐ Yes, on land adjacent to or near the proposed development  
☒ No

### 14. Existing Use

Please describe the current use of the site:

pair of dwelling houses

Is the site currently vacant? ☐ Yes ☒ No

If Yes, please describe the last use of the site:

When did this use end (if known)?

DD/MM/YYYY

(date where known may be approximate)

Does the proposal involve any of the following?

If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated? ☐ Yes ☒ No

Land where contamination is suspected for all or part of the site? ☐ Yes ☒ No

A proposed use that would be particularly vulnerable to the presence of contamination? ☐ Yes ☒ No

### 15. Trees and Hedges

Are there trees or hedges on the proposed development site? ☒ Yes ☐ No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? ☐ Yes ☒ No

If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.

### 16. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? ☐ Yes ☒ No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

## 17. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units?

☐ Yes

☒ No

If Yes, please complete details of the changes in the tables below:

### Proposed Housing

| Market Housing                   | Not known                | Number of Bedrooms |   |   |    |         | Total |
|----------------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                                  |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                           | <input type="checkbox"/> |                    |   |   |    |         | a     |
| Flats/maisonettes                | <input type="checkbox"/> |                    |   |   |    |         | b     |
| Sheltered housing                | <input type="checkbox"/> |                    |   |   |    |         | c     |
| Bedsit/studios                   | <input type="checkbox"/> |                    |   |   |    |         | d     |
| Cluster flats                    | <input type="checkbox"/> |                    |   |   |    |         | e     |
| Other                            | <input type="checkbox"/> |                    |   |   |    |         | f     |
| Totals (a + b + c + d + e + f) = |                          |                    |   |   |    |         | A     |

| Social, Affordable or Intermediate Rent | Not known                | Number of Bedrooms |   |   |    |         | Total |
|-----------------------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                                         |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                                  | <input type="checkbox"/> |                    |   |   |    |         | a     |
| Flats/maisonettes                       | <input type="checkbox"/> |                    |   |   |    |         | b     |
| Sheltered housing                       | <input type="checkbox"/> |                    |   |   |    |         | c     |
| Bedsit/studios                          | <input type="checkbox"/> |                    |   |   |    |         | d     |
| Cluster flats                           | <input type="checkbox"/> |                    |   |   |    |         | e     |
| Other                                   | <input type="checkbox"/> |                    |   |   |    |         | f     |
| Totals (a + b + c + d + e + f) =        |                          |                    |   |   |    |         | B     |

| Affordable Home Ownership        | Not known                | Number of Bedrooms |   |   |    |         | Total |
|----------------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                                  |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                           | <input type="checkbox"/> |                    |   |   |    |         | a     |
| Flats/maisonettes                | <input type="checkbox"/> |                    |   |   |    |         | b     |
| Sheltered housing                | <input type="checkbox"/> |                    |   |   |    |         | c     |
| Bedsit/studios                   | <input type="checkbox"/> |                    |   |   |    |         | d     |
| Cluster flats                    | <input type="checkbox"/> |                    |   |   |    |         | e     |
| Other                            | <input type="checkbox"/> |                    |   |   |    |         | f     |
| Totals (a + b + c + d + e + f) = |                          |                    |   |   |    |         | C     |

| Starter Homes            | Not known                | Number of Bedrooms |   |   |    |         | Total |
|--------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                          |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                   | <input type="checkbox"/> |                    |   |   |    |         | a     |
| Flats/maisonettes        | <input type="checkbox"/> |                    |   |   |    |         | b     |
| Bedsit/studios           | <input type="checkbox"/> |                    |   |   |    |         | c     |
| Other                    | <input type="checkbox"/> |                    |   |   |    |         | d     |
| Totals (a + b + c + d) = |                          |                    |   |   |    |         | D     |

| Self Build and Custom Build | Not known                | Number of Bedrooms |   |   |    |         | Total |
|-----------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                             |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                      | <input type="checkbox"/> |                    |   |   |    |         | a     |
| Flats/maisonettes           | <input type="checkbox"/> |                    |   |   |    |         | b     |
| Bedsit/studios              | <input type="checkbox"/> |                    |   |   |    |         | c     |
| Other                       | <input type="checkbox"/> |                    |   |   |    |         | d     |
| Totals (a + b + c + d) =    |                          |                    |   |   |    |         | E     |

Total proposed residential units (A + B + C + D + E) =

### Existing Housing

| Market Housing                   | Not known                | Number of Bedrooms |   |   |    |         | Total |
|----------------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                                  |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                           | <input type="checkbox"/> |                    |   |   |    |         | a     |
| Flats/maisonettes                | <input type="checkbox"/> |                    |   |   |    |         | b     |
| Sheltered housing                | <input type="checkbox"/> |                    |   |   |    |         | c     |
| Bedsit/studios                   | <input type="checkbox"/> |                    |   |   |    |         | d     |
| Cluster flats                    | <input type="checkbox"/> |                    |   |   |    |         | e     |
| Other                            | <input type="checkbox"/> |                    |   |   |    |         | f     |
| Totals (a + b + c + d + e + f) = |                          |                    |   |   |    |         | F     |

| Social, Affordable or Intermediate Rent | Not known                | Number of Bedrooms |   |   |    |         | Total |
|-----------------------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                                         |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                                  | <input type="checkbox"/> |                    |   |   |    |         | a     |
| Flats/maisonettes                       | <input type="checkbox"/> |                    |   |   |    |         | b     |
| Sheltered housing                       | <input type="checkbox"/> |                    |   |   |    |         | c     |
| Bedsit/studios                          | <input type="checkbox"/> |                    |   |   |    |         | d     |
| Cluster flats                           | <input type="checkbox"/> |                    |   |   |    |         | e     |
| Other                                   | <input type="checkbox"/> |                    |   |   |    |         | f     |
| Totals (a + b + c + d + e + f) =        |                          |                    |   |   |    |         | G     |

| Affordable Home Ownership        | Not known                | Number of Bedrooms |   |   |    |         | Total |
|----------------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                                  |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                           | <input type="checkbox"/> |                    |   |   |    |         | a     |
| Flats/maisonettes                | <input type="checkbox"/> |                    |   |   |    |         | b     |
| Sheltered housing                | <input type="checkbox"/> |                    |   |   |    |         | c     |
| Bedsit/studios                   | <input type="checkbox"/> |                    |   |   |    |         | d     |
| Cluster flats                    | <input type="checkbox"/> |                    |   |   |    |         | e     |
| Other                            | <input type="checkbox"/> |                    |   |   |    |         | f     |
| Totals (a + b + c + d + e + f) = |                          |                    |   |   |    |         | H     |

| Starter Homes            | Not known                | Number of Bedrooms |   |   |    |         | Total |
|--------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                          |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                   | <input type="checkbox"/> |                    |   |   |    |         | a     |
| Flats/maisonettes        | <input type="checkbox"/> |                    |   |   |    |         | b     |
| Bedsit/studios           | <input type="checkbox"/> |                    |   |   |    |         | c     |
| Other                    | <input type="checkbox"/> |                    |   |   |    |         | d     |
| Totals (a + b + c + d) = |                          |                    |   |   |    |         | I     |

| Self Build and Custom Build | Not known                | Number of Bedrooms |   |   |    |         | Total |
|-----------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                             |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                      | <input type="checkbox"/> |                    |   |   |    |         | a     |
| Flats/maisonettes           | <input type="checkbox"/> |                    |   |   |    |         | b     |
| Bedsit/studios              | <input type="checkbox"/> |                    |   |   |    |         | c     |
| Other                       | <input type="checkbox"/> |                    |   |   |    |         | d     |
| Totals (a + b + c + d) =    |                          |                    |   |   |    |         | J     |

Total existing residential units (F + G + H + I + J) =

TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):

**18. All Types of Development: Non-residential Floorspace**Does your proposal involve the loss, gain or change of use of non-residential floorspace? ☐ Yes ☒ No

If you have answered Yes to the question above please add details in the following table:

| Use class/type of use | Not applicable                      | Existing gross internal floorspace (square metres) | Gross internal floorspace to be lost by change of use or demolition (square metres) | Total gross internal floorspace proposed (including change of use)(square metres) | Net additional gross internal floorspace following development (square metres) |
|-----------------------|-------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| A1                    | Shops                               | <input type="checkbox"/>                           |                                                                                     |                                                                                   |                                                                                |
|                       | Net tradable area:                  | <input type="checkbox"/>                           |                                                                                     |                                                                                   |                                                                                |
| A2                    | Financial and professional services | <input type="checkbox"/>                           |                                                                                     |                                                                                   |                                                                                |
| A3                    | Restaurants and cafes               | <input type="checkbox"/>                           |                                                                                     |                                                                                   |                                                                                |
| A4                    | Drinking establishments             | <input type="checkbox"/>                           |                                                                                     |                                                                                   |                                                                                |
| A5                    | Hot food takeaways                  | <input type="checkbox"/>                           |                                                                                     |                                                                                   |                                                                                |
| B1 (a)                | Office (other than A2)              | <input type="checkbox"/>                           |                                                                                     |                                                                                   |                                                                                |
| B1 (b)                | Research and development            | <input type="checkbox"/>                           |                                                                                     |                                                                                   |                                                                                |
| B1 (c)                | Light industrial                    | <input type="checkbox"/>                           |                                                                                     |                                                                                   |                                                                                |
| B2                    | General industrial                  | <input type="checkbox"/>                           |                                                                                     |                                                                                   |                                                                                |
| B8                    | Storage or distribution             | <input type="checkbox"/>                           |                                                                                     |                                                                                   |                                                                                |
| C1                    | Hotels and halls of residence       | <input type="checkbox"/>                           |                                                                                     |                                                                                   |                                                                                |
| C2                    | Residential institutions            | <input type="checkbox"/>                           |                                                                                     |                                                                                   |                                                                                |
| D1                    | Non-residential institutions        | <input type="checkbox"/>                           |                                                                                     |                                                                                   |                                                                                |
| D2                    | Assembly and leisure                | <input type="checkbox"/>                           |                                                                                     |                                                                                   |                                                                                |
| OTHER                 |                                     | <input type="checkbox"/>                           |                                                                                     |                                                                                   |                                                                                |
| Please Specify        |                                     | <input type="checkbox"/>                           |                                                                                     |                                                                                   |                                                                                |
| Total                 |                                     |                                                    |                                                                                     |                                                                                   |                                                                                |

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

| Use class      | Type of use              | Not applicable           | Existing rooms to be lost by change of use or demolition | Total rooms proposed (including changes of use) | Net additional rooms |
|----------------|--------------------------|--------------------------|----------------------------------------------------------|-------------------------------------------------|----------------------|
| C1             | Hotels                   | <input type="checkbox"/> |                                                          |                                                 |                      |
| C2             | Residential Institutions | <input type="checkbox"/> |                                                          |                                                 |                      |
| OTHER          |                          | <input type="checkbox"/> |                                                          |                                                 |                      |
| Please Specify |                          | <input type="checkbox"/> |                                                          |                                                 |                      |

**19. Employment**

Please complete the following information regarding employees:

|                    | Full-time | Part-time | Total full-time equivalent |
|--------------------|-----------|-----------|----------------------------|
| Existing employees | n/a       |           |                            |
| Proposed employees |           |           |                            |

**20. Hours of Opening**

If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:

| Use | Monday to Friday | Saturday | Sunday and Bank Holidays | Not known |
|-----|------------------|----------|--------------------------|-----------|
| n/a |                  |          |                          |           |
|     |                  |          |                          |           |
|     |                  |          |                          |           |

**21. Site Area**Please state the site area in hectares (ha)

## 22. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

n/a

Is the proposal a waste management development? ☐ Yes ☒ No

If the answer is Yes, please complete the following table:

|                                                                    | Not applicable           | The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste) | Maximum annual operational throughput in tonnes (or litres if liquid waste) |
|--------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Inert landfill                                                     | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Non-hazardous landfill                                             | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Hazardous landfill                                                 | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Energy from waste incineration                                     | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Other incineration                                                 | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Landfill gas generation plant                                      | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Pyrolysis/gasification                                             | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Metal recycling site                                               | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Transfer stations                                                  | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Material recovery/recycling facilities (MRFs)                      | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Household civic amenity sites                                      | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Open windrow composting                                            | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| In-vessel composting                                               | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Anaerobic digestion                                                | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Any combined mechanical, biological and/or thermal treatment (MBT) | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Sewage treatment works                                             | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Other treatment                                                    | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Recycling facilities construction, demolition and excavation waste | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Storage of waste                                                   | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Other waste management                                             | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Other developments                                                 | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |

Please provide the maximum annual operational throughput of the following waste streams:

|                                         |  |
|-----------------------------------------|--|
| Municipal                               |  |
| Construction, demolition and excavation |  |
| Commercial and industrial               |  |
| Hazardous                               |  |

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

## 23. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below? ☐ Yes ☒ No ☒ Not applicable

If Yes, please provide the amount of each substance that is involved:

|                        |                      |                               |                      |                              |                      |
|------------------------|----------------------|-------------------------------|----------------------|------------------------------|----------------------|
| Acrylonitrile (tonnes) | <input type="text"/> | Ethylene oxide (tonnes)       | <input type="text"/> | Phosgene (tonnes)            | <input type="text"/> |
| Ammonia (tonnes)       | <input type="text"/> | Hydrogen cyanide (tonnes)     | <input type="text"/> | Sulphur dioxide (tonnes)     | <input type="text"/> |
| Bromine (tonnes)       | <input type="text"/> | Liquid oxygen (tonnes)        | <input type="text"/> | Flour (tonnes)               | <input type="text"/> |
| Chlorine (tonnes)      | <input type="text"/> | Liquid petroleum gas (tonnes) | <input type="text"/> | Refined white sugar (tonnes) | <input type="text"/> |

Other:

Other:

Amount (tonnes):

Amount (tonnes):