



HILLINGDON

LONDON

APPLICATION FORM FOR NAMING OR NUMBERING OF A BUILDING OR STREET

Local Government Act 1985
London Building Acts (Amendment) Act 1939, Part II

Please complete this form and submit together with three copies of a site location plan and floor plans showing the entrances to each property marked in **red**. Where relevant (e.g. self-contained flats or commercial/industrial units), the proposed numbering sequences should also be indicated. Please provide several options of names in the preferred order, to reduce delay in the consultation process.

NAME:	DEVELOPMENT LOCATION
ADDRESS OF APPLICANT:	
POSTCODE:	
TELEPHONE:	
EMAIL:	

N.B. If the applicant is not the freeholder of the property, please attach a letter from the freeholder confirming that the applicant is acting on their behalf.

Building Control Ref: _____ Planning Ref: _____

Please note that street naming and numbering applications for unapproved developments will not be considered

Application to number a building	<input type="checkbox"/>	Complete Section 1
Application to name a building	<input type="checkbox"/>	Complete Section 2
Application to name a street	<input type="checkbox"/>	Complete Section 3



Section 1: Numbering a building

Is this site / building	Existing	<input type="checkbox"/>	New Development	<input type="checkbox"/>		
Type of building	House	<input type="checkbox"/>	Flats	<input type="checkbox"/>	Commercial Units	<input type="checkbox"/>

Section 2: Naming a building

Is this site / building	Existing	<input type="checkbox"/>	New Development	<input type="checkbox"/>
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Please give three proposed names in order of preference

1.
2.
3.

Section 3: Naming of streets

Names should have some historical or local significance. Please enter suggested names in order of preference.

1.
2.
3.
4.

PLEASE NOTE THAT APPLICATIONS MAY TAKE UP TO FOUR WEEKS TO COMPLETE, OR LONGER DEPENDING ON COMPLEXITY OF DEVELOPMENT

DECLARATION

I / We hereby apply for Street Naming and Numbering order described in this application and on the attached plans.

Signature: _____ Name: _____ Date: _____

PLEASE RETURN ALL DOCUMENTATION AND PAYMENT TO:

STREET NAMING AND NUMBERING OFFICER
LONDON BOROUGH OF HILLINGDON
RESIDENTS SERVICES BUSINESS SUPPORT UNIT
3S/03
CIVIC CENTRE
HIGH STREET
UXBRIDGE
MIDDLESEX
UB8 1UW