

COUNCIL of the ISLES OF SCILLY

OLD WESLEYAN CHAPEL GARRISON LANE ST MARY'S ISLES OF SCILLY TR21 0JD

Telephone: [01720] 424350
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PLANNING & DEVELOPMENT DEPARTMENT

Application for removal or variation of a condition following grant of planning permission. Town and Country Planning Act 1990. Planning (Listed Buildings and Conservation Areas) Act 1990

Publication of applications on planning authority websites.

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

1. Applicant N	ame, Address and Contact Details				
Title:	First name:	Surname:			
Company name	Arqiva Limited				
Street address:	Crawley Court		Country Code	National Number	Extension Number
	Crawley	Telephone number:			
		Mobile number:			
Town/City	Winchester				
County:	Hampshire	Fax number:			
Country:	England	Email address:			
Postcode:	SO21 2QA				
Are you an agent a	octing on behalf of the applicant? • Yes	○ No			
2. Agent Name	e, Address and Contact Details				
Title: Mr	First Name: michael	Surname: sm	ith		
Company name:	Arqiva Limted]			
Street address:	Crawley Court		Country Code	National Number	Extension Number
	Crawley	Telephone number:		01962 822060	
		Mobile number:		07968 406116	
Town/City	Winchester	Fax number:			
County:	Hampshire	rax number.			
Country:	United Kingdom	Email address:			
Postcode:	SO21 2QA	mike.smith@arqiva.cor	m		

3. Site Addres	s Details						
Full postal address	s of the site (including full postcode where available)	Description:					
House:	Suffix:						
House name:	Arqiva Transmitting Station						
Street address:	Halagy Downs						
Town/City:	St Marys						
County:	Isles of Scilly						
Postcode:	TR21 0NS						
	ation or a grid reference ed if postcode is not known):						
Easting:	91100						
Northing:	12400						
4. Pre-applica	tion Advice						
Has assistance or p	orior advice been sought from the local authority about this ap	olication? Yes • No					
. Description	of Proposal						
Please provide a de	escription of the approved development as shown on the decis	ion letter					
_	1.2 metre dish antennas on the existing tower for the digital sv						
Application reference number: P/09/072 Date of decision: 03/08/2009							
	ondition number(s) to which this application relates:						
Condition number	* *						
Condition 4							
Has the developm	ent already started?	lease state when the development was started: 01/09/2009					
Has the developm	ent been completed?	lease state when the development was completed: 14/09/2009					
6. Condition(s) - Removal						
Please state why ye	ou wish the condition(s) to be removed or changed:						
Please refer to the	supporting statement						
	sting condition to be changed, please state how you wish the c						
longer required for		m the land, building or structure on which it is situated within six months after it is no or structure shall be restored to its condition before the development took place or to any and the developer.					
7. Site Visit							
Can the site be see	en from a public road, public footpath, bridleway or other publi	cland?					
If the planning aut	thority needs to make an appointment to carry out a site visit, v	rhom should they contact? (Please select only one)					
The agent							
8. Certificates	(Certificate B)						
application, was th	Town and Country Planning (Development Manageme cant certifies that I have/the applicant has given the requisite n	nt Procedure) (England) Order 2010 Certificate under Article 12 otice to everyone else (as listed below) who, on the day 21 days before the date of this sterest with at least 7 years left to run) and/or agricultural tenant ("agricultural tenant" has the art of the land or building to which this application relates.					

Ref: 25: 4692 Planning Portal Reference:

003230103

8. Certific	ates (Certificate B	- continued)					
Owner/Agricultural Tenant						Date notice served	
Name	The Duchy of Cornwal	I					
Number:		Suffix:					
Street:	C/o Mr Chris Gregory,	Land Steward					
Locality:	St. Marys			05/03/2014			
Town:	Isles of Scilly						
Postcode:	TR21 OLS						
Title: Mr	First name	: Michael		Surname:	Smith		
Person role:	Agent	Declaration date:	05/03/2014			Declaration made	
additional inf	apply for planning pern formation. I/we confirm	nission/consent as described that, to the best of my/our k ions of the person(s) giving t	nowledge, any facts stated			∑ Date 05/03/2014	

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