OLD WESLEYAN CHAPEL P/12/085
GARRISON LANE
ST MARY'S
ISLES OF SCILLY
TR21 0JD

Telephone: [01720] 424350

Fax:

2. Agent Name and Address

Email:

[01720] 424317 planning@scilly.gov.uk

PLANNING & DEVELOPMENT DEPARTMENT

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

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

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.

Please complete using block capitals and black ink.

First name:

1. Applicant Name and Address

Title:

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

Last name: LETHBRIDGE	Last name: Ostsenet			
Company (optional):	Company (optional):			
Unit: House House suffix:	Unit: House House suffix:			
House name: Lyuturss	House name: CONLAY			
Address 1: CHURCH ST	Address 1: CAFIE THOMAS			
Address 2:	Address 2:			
Address 3:	Address 3:			
Town: St. MARY'S	Town: St. MARYS			
County: ISLES OF SCILLY	County: ISLES OF Scilly			
Country: UK	Country: UU.			
Postcode: TRU	Postcode: TR21 OPT.			
3. Description of Proposed Works				
Please describe the proposed works:				
ADDITION OF EXTENSION TO IMPROVE ACCOMMODATION. BY THE ADDITION OF A BEDROOM AND LOUNGE/KITCHEN.				
BY THE ADDITION OF A BEDROOM AND LOUMGE /KITCHEN				
	\$Date:: 2010-09-10 #\$ \$Revision: 2998 \$			

3. Description of Proposed Works (continued)			
Has the work already started?			
if Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)		
Has the work already been completed?			
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)		
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way		
Please provide the full postal address of the application site. House House	Is a new or altered vehicle access proposed to or from the public highway? Yes Who		
Unit: House House suffix:	proposed to or from the public highway? Yes No Is a new or altered pedestrian access		
House name: THE OLD COTTAGE FLAT	proposed to or from the public highway? Yes No		
Address 1: GARRISON HILL	Do the proposals require any diversions, extinguishments and/or creation of public		
Address 2:	rights of way? If Yes to any questions, please show details on your plans or		
Address 3:	drawings and state the reference number(s) of the plan(s)/drawing(s):		
Town: St. Mary's			
County: ISLES OF SCILLY			
Postcode (optional): TR21			
6. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? 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 possible: Officer name: Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received: SIZE & SCALE OF PROPOSICE DETAILING OF EXPERIMENT.	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 proposed development? If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings: Will any trees or hedges need to be removed or pruned in order to carry out your proposal? 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.		
8. Parking Will the proposed works affect existing car parking arrangements? If Yes, please describe:	9. Authority Employee / Member 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 the name, relationship and role		

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	CONCRETE BLOCK - REMODERED.	TIMBER FRAME - CEDAR CLADDING AND SAND COMENT RODER		
Roof	CONCRETE TILES	HATURAL SCAFE.		
Windows	UPUC/WOOD.	WOOD PAINTED WHITE		
Doors	WOOD STABLE DOOD STYLE	WOOD STABLE DOOR STYLE		
Boundary treatments (e.g. fences, walls)			U	
Vehicle access and hard-standing				
Lighting	2401	LOW VOLTRAE		
Others (please specify)				
	l itional information on submitted plan(s)/drawing rences for the plan(s)/drawing(s)/design and acc		es [