



COUNCIL of the ISLES OF SCILLY

PLANNING & DEVELOPMENT DEPARTMENT

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

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Application for a non-material amendment following a grant of planning permission.

Town and Country Planning Act 1990ECEIVED PLANNING DEPARTMENT

13 OCT 2014

COUNCIL OF THE ISLES OF SCILLY

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.

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

1. Applic	ant Name and Address	2. Agent Name and Address	
Title:	MR First name: PETER MATTHEW	Title: First name	
Last name:	LETHBRIDGE	Last name:	
Company (optional):		Company (optional):	
Unit:	House number: House suffix:	Unit: House number:	
House name:	LYNDHURST	House name:	
Address 1:	CHURCH STREET	Address 1:	
Address 2:		Address 2:	
Address 3:		Address 3:	
Town:	ST. MARY'S	Town:	
County:	ISLES OF SCILLY	County:	
Country:		Country:	
Postcode:	TRZI OJT	Postcode:	

Title:	First name:
Last name:	
Company (optional):	
Unit:	House number: House suffix:
House name:	
Address 1:	
Address 2:	
Address 3:	
Town:	
County:	
Country:	
Postcode:	

3. Site Address Details 4. Pre-application Advice					
Please prov	ide the full postal address of the application site	Has assistance or prior advice been sought	from the local		
Unit:	House number: House suffix:	authority about this application?	Yes No		
House name:	Flat, The Old Cottage	If Yes, please complete the following inform you were given. (This will help the authorit			
Address 1:	Garrison Hill	application more efficiently). Please tick if the full contact details are not			
Address 2:	Hugh Town	known, and then complete as much as pos	sible:		
Address 3:		Officer name:			
Town:	ST. MARYS	Reference:			
County:	1 SLES OF SCILLY				
Postcode (optional):	TRZ(OHY	Date of advice (DD/MM/YYYY):			
Description	of location or a grid reference. mpleted if postcode is not known):	Details of pre-application advice received:			
Easting:	Northing:				
Description	:				
5. Eligibi	lity				
Do you, or th	ne person on whose behalf you are making this a rest in the part of the land to which this amendr	application,			
1000					
ir you nav	e answered No to this question, you o	cannot apply to make a non-material amen	dment.		
If you are no	t the sole owner, has notification under article 9	of the DMPO been given? Yes No	Not Applicable		
If you hav	e answered No to this question, you o	annot apply to make a non-material amen	dment.		
8	nswered Yes to this question, please give detail				
	Person Notified	Address	Date of Notification		
6. Author	ity Employee / Member				
	ity Employee / Member to the Authority, I am:	Do any of these statements apply to you?			
With respect	to the Authority, I am: er of staff				
With respect (a) a member (b) an electer	to the Authority, I am: er of staff	Do any of these statements apply to you?			
With respect (a) a member (b) an electer (c) related to	to the Authority, I am: er of staff ed member				
With respect (a) a member (b) an electer (c) related to (d) related to	to the Authority, I am: er of staff ed member o a member of staff	Yes No			
With respect (a) a member (b) an electer (c) related to (d) related to	to the Authority, I am: er of staff ed member o a member of staff o an elected member	Yes No			
With respect (a) a member (b) an electer (c) related to (d) related to	to the Authority, I am: er of staff ed member o a member of staff o an elected member	Yes No			

7. Description Of Your Proposal
Please provide the description of the approved development as shown on the decision letter, including application reference number and date of decision in the sections below:
Flat, The Old Cottage Garrison Hill, Hugh Town. St. MARY'S
(addition of extension to improve accommodation by the
addition of a bedroom and lounge kitchen
Reference number: Date of decision (DD/MM/YYYY):
P/12/085/FUL 10/10/2012
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline') Householder
For the purpose of calculating fees, which of the following best describes the original application type?
Householder development: development to an existing dwelling-house or development within its curtilage
Other: anything not covered by the above category
8. Non-Material Amendment(s) Sought
Please describe the non-material amendment(s) you are seeking to make:
Replace cedar cladding on East elevation with smooth render.
smooth render.
•
Are you intending to substitute amended plans or drawings? Yes No
If Yes, please complete the following:
Old plan/drawing number(s):
PL-PF-6e
New plan/drawing number(s):
PL-EE-I
Please state why you wish to make this amendment:
to give a more visually appealing look.