

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

Telephone: [01720] 424350 Fax: [01720] 424317

Email:

planning@scilly.gov.uk

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

Town and Country Planning 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.

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. Applicant Name and Address						
Title:	MR First name: Colin					
Last name:	JENKINS					
Company (optional):						
Unit:	House number: House suffix:					
House name:	ROPEWALK					
Address 1:						
Address 2:						
Address 3:	PORTHLOO					
Town:	Sy MARYS					
County:	ISLES of Sally					
Country:						
Postcode:	TRZI ONF					

2. Agent Name and Address							
Title:	MR	First name:	TERK	'Y			
Last name:	HIRON						
Company (optional):							
Unit:		House number:		House suffix:			
House name:	CLO	VDISLEY					
Address 1:							
Address 2:							
Address 3:							
Town:	St	mar	48				
County:	X	LESOF	Scilly				
Country:							
Postcode:	TR	ZI ONF					

I S SITO AL	Información Borración de	Anna Carlotta Carlott	
	ddress Details ide the full postal address of the application site.	4. Pre-application Advice	
Unit:	House House	Has assistance or prior advice been sough authority about this application?	nt from the local Yes No
House	number: suffix:	If Yes, please complete the following info	
name:	ROPEWALK	$\sqsubseteq \prod$ you were given. (This will help the authori	mation about the advice ity to deal with this
Address 1:		application more efficiently). Please tick if the full contact details are no	
Address 2:		known, and then complete as much as po	
Address 3:	PO 254 LOO	Officer name:	
Town:	St MARYS	CRAIG DRYDER Reference:	/
County:	ISLES of Scilly		
Postcode (optional): Description	of location or a grid reference.	Date of advice (DD/MM/YYYY):	AVG . 2014
(must be cor	mpleted if postcode is not known):	Details of pre-application advice received	
Easting: Description:	Northing:	The extension co	outed the
		Leng Rened!	
		J(
5. Eligibil	· ·	,	
Do you, or the have an inter	e person on whose behalf you are making this applica est in the part of the land to which this amendment re	elates? Yes No	
	e answered No to this question, you cannot		-1
	the sole owner, has notification under article 9 of the I		Not Applicable
f you have	e answered No to this question, you cannot	t apply to make a non-material amen	dment.
f you have an	nswered Yes to this question, please give details of per		
Р	Person Notified	Address	Date of Notification
			+
. Authorit	y Employee / Member		
	to the Authority, I am: Do a	any of these statements apply to you?	
	-f -L-ff	/	
(a) a member	of staff	Ar Na	
a) a memberb) an electedc) related to a	of staff	Yes No	
(a) a member (b) an elected (c) related to a (d) related to	I member a member of staff	Yes No	
(a) a member (b) an elected (c) related to a (d) related to	of staff I member a member of staff an elected member provide details of the name, relationship and role	yes No my daughter	

7. Description Of Your Proposal Please provide a description of the approved development as shown on the decision letter, including application refer	ence number and
date of decision in the sections below. Please also provide the original application type:	
Extende approved rear extension	
Reference number: Date of decision (DD/MM/YYYY):	
P/12/121 28/1/13	
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline')	
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	
9 Non Matarial Amondment(s) Sought	
8. Non-Material Amendment(s) Sought Please describe the non-material amendment(s) you are seeking to make:	
rease desense the non-material amenament(s) you are seeking to make.	
Exclend the approved extension by Se	00 mm.
Are you intending to substitute amended plans or drawings? Yes No	
If Yes, please complete the following:	
Old plan/drawing number(s):	
New plan/drawing number(s):	
15-2-5	
Please state why you wish to make this amendment:	· ·
To give adequate space as we are expect,	ring
another child	