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

Telephone: [01720] 424350 [01720] 424317

Fax: 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		2. Agent Name and Address
Title:	MR First name: DONALD	Title: MR First name: PAUL
Last name:	BARILAY	Last name: OS BORALE
Company (optional):		Company (optional):
Unit:	House number: House suffix:	Unit: House House suffix:
House name:	DRACADIA	House name: KAVORNA
Address 1:	CHURCH ROAD	Address 1: HUGH St
Address 2:		Address 2:
Address 3:		Address 3:
Town:	St. MARYS ISLES OF SCILLY	Town: St. MARYS
County:	ISLES OF SCILLY	County: ISLES OF SCILLY
Country:	UU	Country: UU
Postcode:	TRZI	Postcode: TR21 OLL

3. Site Address Details	4. Pre-application Advice					
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?					
Unit: House House suffix:						
House name: DRACAENA	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this					
Address 1: CHURCH ROAD	application more efficiently). Please tick if the full contact details are not					
Address 2:	known, and then complete as much as possible:					
Address 3:	Officer name: MISS H ROUGH					
Town: St. MARYS County: ISLES OF SCILLY	Reference:					
County: ISLES OF SCILLY						
Postcode (optional): 1221	Date of advice (DD/MM/YYYY):					
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received:					
Easting: Northing:	DETAILING.					
Description:	To Control Con					
disensive and the second secon	The second secon					
5. Eligibility						
Do you, or the person on whose behalf you are making this have an interest in the part of the land to which this amend	application, lment relates? \tag{Ves} No					
the section variety and the testing varieties	cannot apply to make a non-material amendment.					
ir you have answered no to this question, you	camive apprif to mane a non material amount					
If you are not the sole owner, has notification under article 9 of the DMPO been given? Yes No Not Applicable						
The second control of						
•	cannot apply to make a non-material amendment.					
If you have answered Yes to this question, please give detail						
Person Notified	Address Date of Notification					
L.						
6. Authority Employee / Member						
or various rubioles, member						
With respect to the Authority, I am:	Do any of these statements apply to you?					
With respect to the Authority, I am: (a) a member of staff						
With respect to the Authority, I am: (a) a member of staff (b) an elected member	Do any of these statements apply to you? Yes No					
With respect to the Authority, I am: (a) a member of staff						
With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff	Yes No					
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	Yes No					

7. Description Of Your Proposal				
Please provide a description of the approved development as shown on the decision letter, including application reference number and date of decision in the sections below. Please also provide the original application type:				
ADDITION OF ENSUITE - AMERICANO	25 TO CONSERVATING WITH			
ENCANCED PORCH.				
The things of th				
Reference number:	Date of decision (DD/MM/YYYY):			
P/13/006	DEC 12 2012.			
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 origi	inal application type?			
Householder development: development to an existing dwelling-house or deve	elopment 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:				
PORCH - ADDITION OF NEW WINDOW - WEST ELEVATION - NEW STYLE OF WINDOW - SOUTH ELEVATION				
- NEW STYLE OF WINDOW - SOUTH ELEVATION				
ENSUITE - REDUCTION OF ROOFLIGHTS FROM TUO TO A SWOLE CENTRAL				
- ENLANGE WINDOW - SOUTH ELEVATION				
Are you intending to substitute amended plans or drawings?				
If Yes, please complete the following:				
Old plan/drawing number(s):				
DR-PA-4a				
New plan/drawing number(s):				
DR-AMD -la				
Please state why you wish to make this amendment:				
PORCH - TO ADD MORE MATURAL LIGHT -				
- MATCH WINDOW WITH EXISTING.				
EMSUTE - CONSTRUCTION OF ROOF DOES NOT ALLOW TWO ROOF LIGHTS.				
- ADDITIONAL LIGHT.				

9. Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application not being accepted. It will not be accepted until all information required by the Local Planning Authority has been submitted.				
The original and 3 copies of a completed and dated application form:				
The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:				
The correct fee:				
10. Declaration I/we hereby apply for planning permission/consent as described in the information. Signed - Applicant:	is form and the accompanying plans/drawings and additional Date (DD/MM/YYYY): 1 — ULY 2013			
11. Applicant Contact Details	12. Agent Contact Details			
Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Telephone numbers Country code: National number: Extension number: O1720 4-23377 Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):			
	paul @ sailscilly com			
13. Site Visit Can the site be seen from a public road, public footpath, bridleway or other public land? If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide: Contact name: Telephone number:				
Mr. MIKE GREEN	refeptione number,			
Email address:				