

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

P - 14 - 040

Telephone: [01720] 424350
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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

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.

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: RICHARD	Title: Mn First name: Aug
Last name:	PERUINS	Last name: OSBORNE
Company (optional):		Company (optional):
Unit:	House number: House suffix:	Unit: House number: House suffix:
House name:		House name: KAVORIA
Address 1:	HIGHER TOWN	Address 1: Hugh St
Address 2:		Address 2:
Address 3:		Address 3:
Town:	St. MARINIS	Town: St. MARYS
County:	ISLES OF Schey	County: ISLES OF Scilly
Country:	UN	Country: U4
Postcode:	1225	Postcode: 1221 04

3. Site Address Details	A Duo pupilization Adata			
Please provide the full postal address of the application site.	4. Pre-application Advice Has assistance or prior advice been sought from the local			
Unit: House number: House suffix:	authority about this application? Yes No			
House name:	If Yes, please complete the following information about the advice			
Address 1: LAND ADS. TO DIVING GENTHE	you were given. (This will help the authority to deal with this application more efficiently).			
Address 2:	Please tick if the full contact details are not known, and then complete as much as possible:			
Address 3: HIGHER TOWN	Officer name:			
Town: St. MARTINIS	Reference:			
County: KLES OF SCILLY	Therefore.			
Postcode (optional): TR25	Date (DD/MM/YYYY):			
Description of location or a grid reference. (must be completed if postcode is not known):	(must be pre-application submission) Details of pre-application advice received?			
Easting: Northing:				
Description:	ADDICETON BEST OPTION TO AMENO VARIATION OF CONDITION 4			
5. Description Of Your Proposal				
Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:				
PROPOSED DEFECTIOG.				
The trans.				
Reference number: P. 5489-P/12/057 Date of decision (DD/MM/YYY): 16/05/2007 (date must be pre-application submission)				
Please state the condition number(s) to which this application relates:				
1. CONDITION 4	6.			
2.	7.			
3.	8.			
4.	9.			
5.	10.			
Has the development already started?	Yes No			
If Yes, please state when the development started (DD/MM/YYYY):	(date must be pre-application submission)			
Has the development been completed?				
f Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)				
. Condition(s) - Removal				
lease state why you wish the condition(s) to be removed or changed:				
H/A.				
you wish the existing condition to be changed, please state how you wish the condition to be varied:				
SEE ATTACHED SHEET.				

7. Ownership Certificates and Agricultural Land Declaration One Certificate A, B, C, or D, must be completed with this application form CERTIFICATE OF OWNERSHIP - CERTIFICATE A Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding** NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding. * "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. ** "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act. Signed - Applicant: Or sig Date (DD/MM/YYYY): CERTIFICATE OF OWNERSHIP - CERTIFICATE B Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner* and/or agricultural tenant** of any part of the land or building to which this application relates. * "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. ** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990 Name of Owner / Agricultural Tenant Address Date Notice Served Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY):