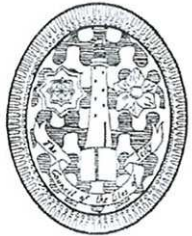


€195.

P-14-053



COUNCIL of the ISLES OF SCILLY

PLANNING & DEVELOPMENT DEPARTMENT

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 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

Title: First name:

Last name:

Company (optional):

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

2. Agent Name and Address

Title: First name:

Last name:

Company (optional):

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

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PLANNING DEPARTMENT

13 OCT 2014

COUNCIL OF THE ISLES OF SCILLY

3 Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name: The Flat c/o The Old Cottage

Address 1: Garrison Hill

Address 2: Hugh Town

Address 3:

Town: ST. MARY'S

County: ISLES OF SCILLY

Postcode (optional): TR21 0HY

Description of location or a grid reference.
(must be completed if postcode is not known):

Easting: Northing:

Description:

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? Yes No

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 as possible:

Officer name:

Reference:

Date (DD/MM/YYYY):
(must be pre-application submission)

Details of pre-application advice received?

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:

Reference number: W/OBS/FUL Date of decision (DD/MM/YYYY): 10/10/2012 (date must be pre-application submission)

Please state the condition number(s) to which this application relates:

1.	<u>Condition 6</u>	6.	
2.	<u>Condition 9</u>	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? Yes No

If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)

6. Condition(s) - Removal

Please state why you wish the condition(s) to be removed or changed:

Remove condition 6 and Vary Condition 9. - see attached letter.

If you wish the existing condition to be changed, please state how you wish the condition to be varied: