



COUNCIL of the ISLES OF SCILLY

PLANNING & DEVELOPMENT DEPARTMENT

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RECEIVED BY THE
PLANNING DEPARTMENT

07 APR 2015

P-15-029

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:	MR	First name:	ALAN
Last name:	COX		
Company (optional):			
Unit:		House number:	
		House suffix:	
House name:			
Address 1:	CROSSWATER COTTAGE		
Address 2:	LAKE LANE		
Address 3:	DOCKENFELD		
Town:	FARNHAM		
County:	SURREY		
Country:			
Postcode:	GU10 4JB		

2. Agent Name and Address

Title:	MR	First name:	IAN
Last name:	SIBLEY		
Company (optional):	SIBLEYS CHARITABLE SURVEYORS		
Unit:		House number:	
		House suffix:	
House name:			
Address 1:	PORTHCESSA SQUARE		
Address 2:	ST. MARYS		
Address 3:			
Town:			
County:	ISLES OF SCILLY		
Country:	UK		
Postcode:	TR21 0JQ		

3. Site Address Details

Please provide the full postal address of the application site.

Unit:	2	House number:		House suffix:	
House name:	SMUGGLERS RISE APARTMENTS				
Address 1:	THOROFARE				
Address 2:	ST. MARYS				
Address 3:					
Town:					
County:	ISLES OF SCILLY				
Postcode (optional):	TR21 0LN				
Description of location or a grid reference. (must be completed if postcode is not known):					
Easting:		Northings:			
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:

ANDREW KING

Reference:

—

Date (DD/MM/YYYY):

(must be pre-application submission)

16/03/2015

Details of pre-application advice received?

PROVISION OF PLANNING HISTORY &
DISCUSSION OF PAST / PREVALENT
PLANNING POLICIES.

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:

THE CONVERSION OF SMUGGLERS RISE GUEST HOUSE, THE THOROFARE, ST. MARYS INTO 13 SELF-CONTAINED HOLIDAY FLATS

Reference number: P 2459 Date of decision (DD/MM/YYYY): 10/06/1986 (date must be pre-application submission)

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

1.		6.	
2.	NONE OF THE SELF CATERING HOLIDAY UNITS SHALL BE USED FOR PERMANENT ACCOMMODATION, WITH THE EXCEPTION, WITHOUT THE PRIOR APPROVAL OF THE LPA	7.	
3.	THAT ANY FLAT, EXCLUDING FLAT NO 3, MAY BE USED FOR SUPERVISORY PURPOSES BUT SHALL NOT BE OCCUPIED BY MORE THAN ONE PERSON	8.	
4.		9.	
5.		10.	

Has the development already started?

☒ Yes ☐ No

If Yes, please state when the development started (DD/MM/YYYY):

1986

(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):

1986

(date must be pre-application submission)

6. Condition(s) - Removal

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

PLEASE SEE ATTACHED SHEET

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