

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

Telephone: [01720] 424350 Fax: [01720] 424317 Email: planning@scilly.gov.uk

PLANNING & DEVELOPMENT DEPARTMENT

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

Town and Country Planning Act 1990.

RECEIVED BY THE PLANNING DEPARTMENT 2 1 AUG 2015

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: SIMON	
Last name:	GETLIFFE	
Company (optional):		
Unit:	House number: House suffix:	
House name:	POND HOUSE	
Address 1:	TUR LANGTON	
Address 2:		
Address 3:		
Town:	LEICESTER	
County:	LEICESTERSHIRE	
Country:	UK	
Postcode:	LES OPJ	

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:		

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
Unit: House House suffix:	authority about this application?	Yes No
House name: RAVELAL BEACH HOUSE	If Yes, please complete the following inform you were given. (This will help the authority	
Address 1: CHUPCH STOCK	application more efficiently).	to deal with this
Address 2: PORTHCRESSA RD	Please tick if the full contact details are not known, and then complete as much as poss	ible:
Address 3: ST. MARYS	Officer name: LISA WALTO	n.4. /
Town: ISLES OF SCILLY	Reference:	
County: CORNWALL		
Postcode (optional): TRZI QJL	Date of advice (DD/MM/YYYY):	30 July ?
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received:	20 004 ;
Easting: Northing:	Application reg	mired
Description:	for non mate	rial
TERRACED HOUSE, END OF TERRACE	amendme	nt.
END OF TERRICE		
5. Eligibility		
Do you, or the person on whose behalf you are making this application	on,	
have an interest in the part of the land to which this amendment relat	tes?	
If you have answered No to this question, you cannot a		dment.
If you are not the sole owner, has notification under article 10 of the T Planning (Development Management Procedure) (England) Order 20	own and Country 15 been given? Yes No	Not Applicable
If you have answered No to this question, you cannot a		
 If you have answered Yes to this question, please give details of perso		
Person Notified Person Notified	Address	Date of Notification
6. Authority Employee / Member		
	are of those statements analyte you?	
(a) a member of staff	ny of these statements apply to you?	
(b) an elected member (c) related to a member of staff	res Ho	
(d) related to an elected member		
(d) related to an elected member If yes please provide details of the name, relationship and role		
(,		
(,		

7. Description Of Your Proposal					
Please provide the description of the approved development as shown on the decision letter, including application reference number and date of decision in the sections below:					
Erection of external timber Staircase.					
Stalicase.					
	RECEIVED BY THE PLANNING DEPARTMENT				
8	2 1 AUG 2015				
Reference number:	Date of decision (DD/MM/YYYY):				
P4926	6/2/0/				
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 orig	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:					
Change of direction of travel of exterior struccase. Ascending from West to East, instead of					
East to West.					
A					
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):					
\mathcal{B} .					
Please state why you wish to make this amendment:					
Samply to enable access from the					
Samply to enable access from the Staircase to the garden. The approved staircase only allows access into the					
Staircase only allows access into the					
Chand 1 7 // wall	\$Date: 2015-04-02 #\$ \$Revision: 6153 \$				

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 this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them. Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY):						
Signed - Applicant: Or signed - Agent:	5/8-/15.					
11. Applicant Contact Details	12. Agent Contact Details					
Telephone numbers	Telephone numbers					
Extension Country code: National number: number:	Country code: National number: Extension number:					
Tradicital Harrison						
Country code: Mobile number (optional):	Country code: Mobile number (optional):					
	The state of the s					
Country code: Fax number (optional):	Country code: Fax number (optional):					
Email address (optional):	Email addréss (optional):					
13. Site Visit						
Can the site be seen from a public road, public footpath, bridleway of	or other public land? Ves No					
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) Agent						
If Other has been selected, please provide:						
Contact name:	Telephone number:					
TIM GUTHRIE						

Email address: