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

Telephone: [01720] 424350 [01720] 424317 Fax: 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

## 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.

1. Applicant N	ame, Address and Contact Details									
Title:	First name:	Surname:								
Company name	The Co-operative Group									
Street address:	C/o the agent		Country Code	National Number	Extension Number					
		Telephone number:								
		Mobile number:								
Town/City		Fax number:								
County:	United Kingdom	Email address:								
Postcode:	- Interest of the second									
	icting on behalf of the applicant?	• Yes O No								
Z. Agent Name	e, Address and Contact Details  First Name: David	Surname: Rea	Surname: Reade							
Company name:	Wellsfield Associates									
Street address:	80 High Street		Country Code	National Number	Extension Number					
		Telephone number:		07840 751750						
		Mobile number:								
Town/City	Hadleigh	Fax number:								
County:	Essex	Email address:								
Country:										
Postcode:	SS7 2PB	david.reade@wellsfield	lassociates.co.ı	uk						

3. Site Address	Details							
Full postal address	of the site (including full	postcode where available)	)	Description:				
House:		Suffix:						
House name:	Co-operative Retail Serv	rices Ltd						
Street address:	Hugh Street							
	Hugh Town							
Town/City:	St Mary's							
County:								
Postcode:	TR21 OLL							
	ion or a grid reference d if postcode is not know	/n):						
Easting:	90226							
Northing:	10583							
A FP - 9-19-19-								
4. Eligibility								
Do you, or the person on whose behalf you are making this application, have an interest in the part of the land to which this amendment relates?  O Yes No								
		n under article 10 of the To gland) Order 2015 been giv		anning	C Yes	○ No	Not applicable	
5. Description	of Your Proposal							
Description of Appro	ved Development:							
Reconfiguration of existing warehouse to install new refrigeration plant unit and installation of new warehouse doors and roller shutter.								
Reference number: P/15/054/FUL								
*Date of decision (DD/MM/YYYY):	17/09/2015							
What was the origina	al application type?							
Full planning permis	sion							
For the purpose of ca	alculating fees, which of	the following best describ	es the original app	lication type?				
○ Householder o	levelopment: Developn	nent to an existing dwellin	ng-house or develo	pment within its curti	lage			
Other: anythin	g not covered by the abo	ove category						
6. Non-Materi	al Amendment(s) S	Sought						
*Please describe the	e non-material amendme	ent(s) you are seeking to m	nake:					
Alteration to model of refrigeration plant unit to be installed.								
Are you intending t	o substitute amended pl	ans or drawings?	<ul><li>Yes (</li></ul>	No				
If yes please comple	ete the following							
Old plan/drawing no	Old plan/drawing numbers: 2897.03							
New plan/ drawing	lew plan/ drawing numbers: 2897.03a							
Please state why yo	u wish to make this ame	ndment:						
Alteration to availab	oility of original unit prop	oosed.						

7. Pre-application	Advice										
Has assistance or prior a	dvice been sou	ght fron	n the local authority about th	nis application?		<ul><li>Ye</li></ul>	es (	No			
If Yes, please complete t	he following ir	formatio	on about the advice you wer	e given (this will he	lp the autho	rity to deal w	ith this	application	on more e	efficiently):	
Officer name:											
Title: Mrs	First name:	Lisa			Surname:	Walton					
Reference:	Phone call										
Date (DD/MM/YYYY):	28/09/2015		(Must be pre-application	n submission)							
Details of the pre-applic	ation advice re	ceived:									
Confirmation of the nee	d for a non-ma	terial am	endment submission to reso	olve this query.							
8. Site Visit											
	-	e an app	Footpath, bridleway or other bintment to carry out a site to Other person		they contact	Yes  Please sele	~	lo one)			
9. Authority Emplo	oyee/Memb	er									
` '	r of staff		Do any of these sta	atements apply to y	/ou?	O Y	es 📵	` No			
10. Declaration											
I/we hereby apply for pla additional information. I opinions given are the g	/we confirm th	at, to the	ent as described in this form best of my/our knowledge, person(s) giving them.	n and the accompa any facts stated are	nying plans/e e true and ac	drawings and curate and a	i ny	$\boxtimes$	Date	13/10/2015	