

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 a Lawful Development Certificate for an Existing use or operation or activity including those in breach of a planning condition.

Town and Country Planning Act 1990: Section 191 as amended by section 10 of the Planning and Compensation Act 1991.

Town and Country Planning (Development Management Procedure) (England) Order 2015

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. Applica             | ant Name and Address        | 2. Agent Name and Address              |  |  |  |  |  |
|------------------------|-----------------------------|--|--|--|--|--|--|
| Title:                 | First name:                 | Title: MR First name: CHRISTOPHER      |  |  |  |  |  |
| Last name:             |                             | Last name: TOFTS                       |  |  |  |  |  |
| Company<br>(optional): | MULCIBER LIMITED            | Company (optional): STEPHENS SCOWN LLP |  |  |  |  |  |
| Unit:                  | House number: House suffix: | Unit: House number: House suffix:      |  |  |  |  |  |
| House<br>name:         | LUNNON FARM                 | House name: OS PREY HOUSE              |  |  |  |  |  |
| Address 1:             | ST MARY'S                   | Address 1: MALPAS ROAD                 |  |  |  |  |  |
| Address 2:             | ISLES OF SCILLY             | Address 2:                             |  |  |  |  |  |
| Address 3:             |                             | Address 3:                             |  |  |  |  |  |
| Town:                  |                             | Town: TRURO                            |  |  |  |  |  |
| County:                |                             | County: CORNWALL                       |  |  |  |  |  |
| Country:               |                             | Country: UK                            |  |  |  |  |  |
| Postcode:              | TRZI ONZ                    | Postcode: TRI IUT                      |  |  |  |  |  |

| 3. Site Ad  | dress Det                   | ails                      |                            |                                    | 1   | 4. Pre-ap  | -                 |                                  |                 |          |  |  |  |  |
|---|-----------------------------|---------------------------|----------------------------|------------------------------------|---|--|-------------------|----------------------------------|-----------------|----------|--|--|--|--|
| Please provi  | ide the full po             | stal addr                 | ess of the app             |                                    |   | Has assistar<br>authority al   | •                 |                                  | sought from t   | ,        |  |  |  |  |
| Unit:   |                             | ouse<br>umber:            |                            | House suffix:                      |   | authority at   | Jour tills ap     | pheation:                        | lacksquare      | Yes No   |  |  |  |  |
| House<br>name:  |                             |                           |                            | **                                 |   | If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this   |                   |                                  |                 |          |  |  |  |  |
| Address 1:  | PEND                        | RETM                      | EN QU                      | DARRY                              |   | application more efficiently).  Please tick if the full contact details are not  |                   |                                  |                 |          |  |  |  |  |
| Address 2:  |                             |                           |                            |                                    | known, and then complete as much as possible: |  |                   |                                  |                 |          |  |  |  |  |
| Address 3:  |                             |                           | Dom                        | J                                  |   | Officer name:  LISA WALTON   |                   |                                  |                 |          |  |  |  |  |
| Town:   |                             | MAR                       |                            |                                    |   | Reference:   |                   |                                  |                 |          |  |  |  |  |
| County:   | ISL                         | ES (                      | OF SCK                     | ΔY                                 |   | PENDRETHEN SITE, ST MAKY'S   |                   |                                  |                 |          |  |  |  |  |
| Postcode (optional):  |                             | 2NC                       |                            |                                    |   | Date (DD/MM/YYYY): (must be pre-application submission)  |                   |                                  |                 |          |  |  |  |  |
| Description<br>(must be co  | of location o               | r a grid re<br>ostcode is | eference.<br>s not known): |                                    |   | Details of pre-application advice received?  |                   |                                  |                 |          |  |  |  |  |
| Easting:  |                             |                           | Northing:                  |                                    |   | SUBMIT CLEUD APPLICATION   |                   |                                  |                 |          |  |  |  |  |
| Description   | 1:                          |                           |                            |                                    |   | Suk  | MIT               | (LEUD                            | HPPLIC          | ATTION   |  |  |  |  |
|   |                             |                           |                            |                                    |   |  |                   |                                  |                 |          |  |  |  |  |
|   |                             |                           |                            |                                    | ]]  |  |                   |                                  |                 |          |  |  |  |  |
| 5. Lawful   | Developn                    | nent Ce                   | ertificate - l             | nterest In La                      | and   |  |                   |                                  |                 |          |  |  |  |  |
|   | -                           |                           | st in the land:            |                                    |   |  |                   |                                  | ,               |          |  |  |  |  |
| Owner:  | Yes                         | No                        |                            | Lessee: V                          | Yes   | No No  |                   | Occupier                         | : Yes           | ☐ No     |  |  |  |  |
| If Yes to Le  | essee or Occu               | pier plea                 | se give detail:            | s of the owner a                   | nd sta  | te whether th  | ey have bee       | en informed                      |                 |          |  |  |  |  |
|   | Name                        |                           |                            |                                    |   | Address Have they been informed in writing of the application of the a |                   |                                  |                 |          |  |  |  |  |
| DUCHY   | OF                          |                           | C/0 L                      | UKE HUN                            | 1PHR  | RES DEI  | STY /             | AND                              |                 |          |  |  |  |  |
| DUCHY OF C/O LUKE HUMPH<br>STEWARD - ISLES<br>ST MARY'S, ISLES OF |                             |                           |                            |                                    |   | OF SCILLY.   | LY , HI<br>TR21   | GH HOU                           | SE, M           |          |  |  |  |  |
| If No to all  | the above, p                | ease give                 |                            | ddress of anyor                    |   |  |                   |                                  |                 |          |  |  |  |  |
|   |                             |                           |                            |                                    | Stat  | te the nature  | State wh          | ether they<br>n informed         |                 | o please |  |  |  |  |
| Na Na   | Name Address                |                           |                            |                                    |   | heir interest<br>(if known)  | about this<br>Yes | lf No, please<br>explain why not |                 |          |  |  |  |  |
|   |                             |                           |                            |                                    |   |  | 163               | No                               |                 |          |  |  |  |  |
|   |                             |                           |                            |                                    |   |  | Ш                 |                                  |                 |          |  |  |  |  |
|   |                             |                           |                            |                                    |   |  |                   |                                  |                 |          |  |  |  |  |
|   |                             |                           |                            |                                    |   |  |                   |                                  |                 |          |  |  |  |  |
|   |                             |                           |                            |                                    |   |  |                   |                                  |                 |          |  |  |  |  |
|   |                             |                           |                            |                                    |   |  |                   |                                  |                 |          |  |  |  |  |
| =   |                             |                           |                            |                                    |   |  |                   |                                  |                 |          |  |  |  |  |
|   | rity Emplo<br>t to the Auth | -                         |                            |                                    |   |  |                   |                                  |                 |          |  |  |  |  |
| (a) a memb  | er of staff                 | (c) r                     | elated to a m              | ember of staff                     | ,   |  |                   | nese stateme                     | ents apply to y | ou?      |  |  |  |  |
| 1, ,  | ed member<br>se provide de  |                           |                            | elected member<br>cionship and rol |   |  | Yes               |                                  | No              |          |  |  |  |  |
| ii res, piea  | se provide de               | tans Of th                | e name, relat              | JOHN WHO TO                        |   |  |                   |                                  |                 | -        |  |  |  |  |
|   |                             |                           |                            |                                    |   |  |                   |                                  |                 |          |  |  |  |  |

| 7. Description of Use, Building Works or Activity  | 8. Description of Existing Use, Building Works or Activity   |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| Please state for which of these you need a lawful development certificate/building works (you must tick at least one option):  | What is the existing site use(s) for which the certificate of lawfulness is being sought? Please fully describe each use and |  |  |  |  |  |  |  |
| An existing use:   | state which part of the land the use relates to:   |  |  |  |  |  |  |  |
| Existing building works:   | INERT AND EXCAVATION WASTE   |  |  |  |  |  |  |  |
| An existing use, building work or activity in breach of a condition:   | TRANSFER FACILITY  |  |  |  |  |  |  |  |
| Being a use, building works or activity which is still going on at the date of this application  |  |  |  |  |  |  |  |  |
| If Yes to either 'an existing use' or 'an existing use in breach of a condition', please state which one of the Use Classes of the Town and Country Planning (Use Classes) Order 1987 (as amended) the use relates to:   |  |  |  |  |  |  |  |  |
| SUI GENERIS  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 9. Grounds For Application For A Lawful Developmen   | t Certificate  |  |  |  |  |  |  |  |
| Please state under what grounds is the certificate sought (you must t  |  |  |  |  |  |  |  |  |
| The use began more than 10 years before the date of this applic  |  |  |  |  |  |  |  |  |
| The use, building works or activity in breach of condition began   |  |  |  |  |  |  |  |  |
| The use began within the last 10 years, as a result of a change  | of use not requiring planning permission, and there has not been a   |  |  |  |  |  |  |  |
| change of use requiring planning permission in the last 10 years.  The building works (for instance, building or engineering works) were substantially completed more than four years before the date of this application.   |  |  |  |  |  |  |  |  |
| The use as a single dwelling house began more than four years before the date of this application.   |  |  |  |  |  |  |  |  |
| Other - please specify (this might include claims that the change of use or building work was not development, or that it benefited from planning permission granted under the Act or by the General Permitted Development Order).   |  |  |  |  |  |  |  |  |
| If the certificate is sought on 'Other' grounds please give details:   |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| If applicable, please give the reference number of any existing plant notice affecting the application site. Include its date and the numb   | ning permission, lawful development certificate or enforcement er of any condition being breached:                           |  |  |  |  |  |  |  |
| Reference Number: Date (DD/MM/YYYY): (must be pre application submission)  |  |  |  |  |  |  |  |  |
| Please state why a Lawful Development Certificate should be grante   | d:   |  |  |  |  |  |  |  |
| PLEASE REFER TO PLANNING AND   | LEGAL STATEMENTS.  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Co. L. C. L. | Contiliente  |  |  |  |  |  |  |  |
| 10. Information In Support Of A Lawful Development   | (date must be pre-application submission)  |  |  |  |  |  |  |  |
| When was the use or activity begun, or the building works substantially completed:   | (DD/MM/YYYY)   |  |  |  |  |  |  |  |
| In the case of an existing use or activity in breach of conditions has t   | here been any interruption?  Yes  No  nuance of the development which is the subject of this application. If                 |  |  |  |  |  |  |  |
| your application is based on the claim that a use or activity has interruption occurred:   | been ongoing for a period of years, please state exactly when any  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| In the case of an existing use of land, has there been any material ch<br>of use of the land since the start of the use for which a certificate is   | ange Sought? Yes No  |  |  |  |  |  |  |  |
| If Yes please provide details?   |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

|                          | or a Ce | ertificat       | e relat               | e to a r |             |         | Certificate (Continue the number of resident |                       |         |                            |           |              | No |  |
|--------------------------|---------|-----------------|-----------------------|----------|-------------|---------|--|-----------------------|---------|----------------------------|-----------|--------------|----|--|
| Proposed Housing         |         |                 |                       |          |             |         | Existing Housing                             |                       |         |                            |           |              |    |  |
|                          |         | Numb            | per of I              | Bedroo   | ms          | Total   | 1  | Number of Bedrooms To |         |                            |           |              |    |  |
|                          | 1       | 2               | 2 3                   |          | 4+ Unknown  |         |  | 1                     | 2       | 3                          | 4+ Unknow |              | n  |  |
| Market<br>Housing        |         |                 |                       |          |             |         | Market<br>Housing                            |                       |         |                            |           |              |    |  |
| Houses                   |         |                 |                       |          |             | а       | Houses                                       |                       |         |                            |           |              | a  |  |
| Flats & Maisonettes      |         |                 |                       |          |             | Ь       | Flats & Maisonettes                          |                       |         |                            |           |              | b  |  |
| Live-Work Units          |         |                 |                       |          |             | C       | Live-Work Units                              |                       |         |                            |           |              | С  |  |
| Cluster Flats            |         |                 |                       |          |             | d       | Cluster Flats                                |                       |         |                            |           |              | d  |  |
| Sheltered Housing        |         |                 |                       |          |             | е       | Sheltered Housing                            |                       |         |                            |           |              | е  |  |
| Bedsit/Studios           |         |                 |                       |          |             | f       | Bedsit/Studios                               |                       |         |                            |           |              | f  |  |
| Unknown                  |         |                 |                       |          |             | 9       | Unknown                                      |                       |         |                            | 9         |              |    |  |
| Market Hous              | sing To | otal (a         | + <i>b</i> + <i>c</i> | + d + e  | +f+g)=      | Α       | Market Hou                                   | sing T                | otal (a | otal $(a+b+c+d+e+f+g) = E$ |           |              |    |  |
| Social Rented<br>Housing | 1       | 2               | 3                     | 4+       | Unknown     |         | Social Rented<br>Housing                     | 1                     | 2       | 3                          | 4+        | Unknown      |    |  |
| Houses                   |         |                 |                       |          |             | а       | Houses                                       |                       |         |                            |           |              | а  |  |
| Flats & Maisonettes      |         |                 |                       |          |             | ь       | Flats & Maisonettes                          |                       |         |                            |           |              | b  |  |
| Live-Work Units          |         |                 |                       |          |             | С       | Live-Work Units                              |                       |         |                            |           |              | С  |  |
| Cluster Flats            |         |                 |                       |          |             | d       | Cluster Flats                                |                       |         |                            |           |              | d  |  |
| Sheltered Housing        |         |                 |                       |          |             | е       | Sheltered Housing                            |                       |         |                            |           |              | е  |  |
| Bedsit/Studios           |         |                 |                       |          |             | f       | Bedsit/Studios                               |                       |         |                            |           |              | f  |  |
| Unknown                  |         |                 |                       |          |             | g       | Unknown                                      |                       |         |                            |           |              | g  |  |
| Social Rented Hous       | ing To  | otal (a -       | + b + c               | + d + e  | +f+g)=      | В       | Social Rented Hou                            | sing T                | otal (a | + b + c                    | + d + e   | (r+f+g)=     | F  |  |
| Intermediate<br>Housing  | 1       | 2               | 3                     | 4+       | Unknown     |         | Intermediate<br>Housing                      | 1                     | 2       | 3                          | 4+        | Unknown      |    |  |
| Houses                   |         |                 |                       |          |             | а       | Houses                                       |                       |         |                            |           |              | а  |  |
| Flats & Maisonettes      |         |                 |                       |          |             | b       | Flats & Maisonettes                          |                       |         |                            |           |              | Ь  |  |
| Live-Work Units          |         |                 |                       |          |             | С       | Live-Work Units                              |                       |         |                            |           |              | C  |  |
| Cluster Flats            |         |                 |                       |          |             | d       | Cluster Flats                                |                       |         |                            |           |              | d  |  |
| Sheltered Housing        |         |                 |                       |          |             | e       | Sheltered Housing                            |                       |         |                            |           |              | е  |  |
| Bedsit/Studios           |         |                 |                       |          |             | f       | Bedsit/Studios                               |                       |         |                            |           |              | f  |  |
| Unknown                  |         |                 |                       |          |             | g       | Unknown                                      |                       |         |                            |           |              | g  |  |
| Intermediate Hous        | ing To  | otal (a         | + b + c               | + d + e  | (r+f+g)=    | O T     | Intermediate Hou                             | sing T                | otal (a | + b + c                    | + d + e   | (c+f+g)=     | G  |  |
| Key Worker<br>Housing    | 1       | 2               | 3                     | 4+       | Unknown     |         | Key Worker<br>Housing                        | 1                     | 2       | 3                          | 4+        | Unknown      |    |  |
| Houses                   |         |                 |                       |          |             | a       | Houses                                       |                       |         |                            |           |              | a  |  |
| Flats & Maisonettes      |         |                 |                       |          |             | В       | Flats & Maisonettes                          |                       |         |                            |           |              | Ь  |  |
| Live-Work Units          |         |                 |                       |          |             | ¢       | Live-Work Units                              |                       |         |                            |           |              | c  |  |
| Cluster Flats            |         |                 |                       |          |             | d       | Cluster Flats                                |                       |         |                            |           |              | d  |  |
| Sheltered Housing        |         |                 |                       |          |             | 6       | Sheltered Housing                            |                       |         |                            |           |              | e  |  |
| Bedsit/Studios           |         |                 |                       |          |             | f       | Bedsit/Studios                               |                       |         |                            |           |              | F  |  |
| Unknown                  |         |                 |                       |          |             | g       | Unknown                                      |                       |         |                            |           |              | g  |  |
| Key Worker Housi         | ing To  | <b>tal</b> (a + | b+c-                  | + d + e  | + f + g) =  | D       | Key Worker Hou                               | sing T                | otal (a | + b + c                    | + d + e   | e + f + g) = | Н  |  |
|                          |         |                 |                       |          |             |         |  | _                     |         |                            | /F =      |              |    |  |
| Proposed Hous            | sing G  | rand T          | otal                  | (A + B   | + C + D) =  |         | Existing Hou                                 | sing G                | rand T  | otal                       | (E + F    | + G + H) =   |    |  |
| TOTAL NET GAIN or        | LOSS    | of RES          | IDENT                 | IAL UN   | IITS (Propo | sed Hou | ısing Grand Total - Exist                    | ing H                 | ousing  | Grand                      | Total     | ): (*)       |    |  |

| 11. Planning 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 being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.  The burden or proof in a Lawful Development Certificate is firmly with the applicant and therefore sufficient and precise information should be provided. |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| The original and 3 copies of a completed dated application form:  | The original and 3 copies of such evidence verifying the information included in the application as you can provide:   |  |  |  |  |  |  |  |
| The original and 3 copies of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North:   | The correct fee:   |  |  |  |  |  |  |  |
| 12. Declaration  I/we hereby apply for a Lawful Development Certificate 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  |  |  |  |  |  |  |  |
|   | for STEPHENS Scom LLP  |  |  |  |  |  |  |  |
| Date (DD/MM/YYYY):    6 / 10 / 2015   (date cannot be pre-application submission)  WARNING: The amended section 194 of the 1990 Act provides that it is an offence to furnish false or misleading information or to withhold material   |  |  |  |  |  |  |  |  |
| information with intent to deceive. Section 193(7) enables the authoresult of such false or misleading information.   | rity to revoke, at any time, a certificate they may have issued as a   |  |  |  |  |  |  |  |
| 13. Applicant Contact Details   | 14. Agent Contact Details  |  |  |  |  |  |  |  |
| Telephone numbers   | Telephone numbers  |  |  |  |  |  |  |  |
| Country code: National number: Extension number:  Country code: Mobile number (optional):   | Country code: National number:  Country code: National number:  Country code: Mobile number (optional):  Extension number:  Country code: Mobile number (optional):  |  |  |  |  |  |  |  |
| Country code: Fax number (optional):  | Country code: Fax number (optional):   |  |  |  |  |  |  |  |
| Email address (optional):   | Email address (optional):  |  |  |  |  |  |  |  |
|   | planning @ stephers - scoun. co. uk  |  |  |  |  |  |  |  |
| 15. Site Visit  |  |  |  |  |  |  |  |  |
| Can the site be seen from a public road, public footpath, bridleway o   | r 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 Applicant Other (if different from the agent/applicant's details)  |  |  |  |  |  |  |  |
| If Other has been selected, please provide:   | Tile it a second to the second |  |  |  |  |  |  |  |
| Contact name:   | Telephone number:  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| Email address:  |  |  |  |  |  |  |  |  |