

## 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 [01720] 424317

Fax: Email:

planning@scilly.gov.uk

Householder Application for Planning Permission for works or extension to a dwelling. **Town and Country Planning 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

ANNING DEPARTMENT

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.

I. Applicant Name and Address	2. Agent Name and Address
Title: MR First name: MERVYN	Title: First name:
Last name: JONES	Last name:
Company (optional):	Company (optional):
Unit: House House suffix:	Unit: House House suffix:
House Four SEASONS	House name:
Address 1: LITTLE PORTH	Address 1:
Address 2: ST. MARY '5	Address 2:
Address 3:	Address 3:
Town: ISLES OF SCILLY	Town:
County:	County:
Country: ENGLAND	Country:
Postcode: TRAI OJG	Postcode:

## 3. Description of Proposed Works

Please describe the proposed works:

REMOVAL OF EXISTING BALCONY RAIL AND HANGING LASS PANEL. REMOVAL OF BALCONY FLOORING. REPLACEMENT TRIPLE GLAZED WINDOW (UPVC) BE FITTED IN PLACE OF CURRENT BALCONY TO FILL APERTURE IN ORDER TO PREVENT FURTHER INGRESS OF WATER DOWN THROUGH BUILDING. ALL TO BE MADE GOOD

3. Description of Proposed Works (continued)	- Council of the		
Has the work already started?  Yes  No	MERCHANTES OF SCHLLY		
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)		
Has the work already been completed?			
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)		
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way		
Please provide the full postal address of the application site.  Unit: House number: House suffix:	Is a new or altered vehicle access proposed to or from the public highway?  Is a new or altered pedestrian access proposed to or from the public highway?  Yes  No		
Address 1: LITTLE PORTH	Do the proposals require any diversions, extinguishments and/or creation of public		
C) TILE TOP TH	rights of way?		
Address 2: ST. MARY'S	If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/		
Address 3:	drawing(s):		
Town: 15LES OF SCILLY	nacionale M. Loriannio de A.IV.		
County:			
Postcode (optional): TRAI OJG	2.3 VO C		
authority about this application?  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 possible:  Officer name:	property or on adjoining properties which are within falling distance of your proposed development?  If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:		
Reference:	Will any trees or hedges need		
Date (DD MM YYYY):  (must be pre-application submission)  Details of the pre-application advice received:  SHOULD BE NO PROBLEMS.  BUT PLANNING PERMISSION  REQUIRED:  SYMPATHETIC TO INGRESS OF WATER	to be removed or pruned in order to carry out your proposal?  If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale.		
(a. Daulia :	Co. Authority Frankers (March		
8. Parking Will the proposed works affect existing car parking arrangements?  If Yes, please describe:	9. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff (d) related to an elected member  If Yes, please provide details of the name, relationship and role		

Principal disease from more increases and expediented a very	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls		A second of the contract of th		
Roof	eachers (England) Under 2015 Certificate recovers) (England) Under 2015 Certificate ng requisite recice to avakance else (as lated agricultural testens <sup>25</sup> of any part of the land o	CERTIFFE OF CHANGE OF CONTROL OF	V	
Windows	OUTER: - NOOD/GLASS INNER: UPVC/GLASS	UPVC/GLASS	on Traced banks	
Doors				
Boundary treatments (e.g. fences, walls)		Explo più rC		
Vehicle access and hard-standing				
Lighting			V	
Others (please specify)				
	l itional information on submitted plan(s)/drawi rences for the plan(s)/drawing(s)/design and ac		Yes [	No

## 11. Ownership Certificates and Agricultural Land Declaration One Certificate A, B, C, or D, must be completed with this application form **CERTIFICATE OF OWNERSHIP - CERTIFICATE A** Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner\* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding\*\* NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding. \* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. \*\* "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act. Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY): 12.5.2016 **CERTIFICATE OF OWNERSHIP - CERTIFICATE B** Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner\* and/or agricultural tenant\*\* of any part of the land or building to which this application relates. "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. \*\* "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990 Name of Owner / Agricultural Tenant Date Notice Served **Address**

Or signed - Agent:

Signed - Applicant:

Date (DD/MM/YYYY):

Town and Country Planning (Developed I certify/ The applicant certifies that:  Neither Certificate A or B can be issued to the land or building, or of a part of it, be "owner" is a person with a freehold interest or least "agricultural tenant" has the meaning given in The steps taken were:  Name of Owner / Agricultural Tenant	ERTIFICATE OF OWNERSHIP - CERT ment Management Procedure) (En I for this application o find out the names and addresses out I have/ the applicant has been un asehold interest with at least 7 years le	TIFICATE C gland) Order 2015 Certificate of the other owners* and/or ag able to do so. eft to run.	
Standago ve Imors		RECEIVED BY I PLANNING DEPART 1 3 MAY 2016	MENT
Notice of the application has been published in (circulating in the area where the land is situated)	n the following newspaper ed):	On the following date (which than 21 days before the date	n must not be earlier of the application):
Signed - Applicant:	Or signed - Agent:	, -	Date (DD/MM/YYYY):
Town and Country Planning (Developr I certify/ The applicant certifies that:  Certificate A cannot be issued for this a All reasonable steps have been taken to date of this application, was the owner have/ the applicant has been unable to *"owner" is a person with a freehold interest or lea **"agricultural tenant" has the meaning given in s The steps taken were:	pplication of find out the names and addresses of and/or agricultural tenant** of any do so. sehold interest with at least 7 years lea	gland) Order 2015 Certificate of everyone else who, on the day part of the land to which this a	y 21 days before the
Notice of the application has been published in (circulating in the area where the land is situate		On the following date (which than 21 days before the date	
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
12. Planning Application Requireme Please read the following checklist to make sure information required will result in your applicate the Local Planning Authority has been submitted.	e you have sent all the information in ion being deemed invalid. It will no	n support of your proposal. Fail t be considered valid until all inf	ure to submit all formation required by
The original and 3 copies of a completed and dated application form:  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 original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:	The original and 3 copies of a design and access statement if proposed works fall within a conservation area or World Heritage Site, or relate to a Listed Building:	The correct fee:  The original and 3 co completed, dated Ow Certificate (A, B, C or applicable) and Articl Certificate (Agriculture)	vnership D – as e 14

13. Declaration	(boundings) routes.	L. Osmarship Cardificates and Agricultural Land Dack
I/we hereby apply for planning permission/c information. I/we confirm that, to the best of genuine opinions of the person(s) giving the	my/our knowledge, any	nis form and the accompanying plans/drawings and additional refacts stated are true and accurate and any opinions given are the
Signed - Applicant	Or signed - Agent:	Date (DD/MM/YYYY):
	eldenu assazori. A Jespital essaçorias	12-5-2016 (date cannot pre-application
14. Applicant Contact Details		15. Agent Contact Details
Telephone numbers	,	Telephone numbers
Country code: National number:	Extension number:	Country code: National number: Extension number:
Country code: Mobile number (optional):		Country code: Mobile number (optional):
Country code: Fax number (optional):	IAJ9	Country code: Fax number (optional):
Email address (optional):		Email address (optional):
<b>16. Site Visit</b> Can the site be seen from a public road, pub	lic footpath, bridleway o	r other public land? Yes No
If the planning authority needs to make an a out a site visit, whom should they contact? (	ppointment to carry	Agent Applicant Other (if different from the agent/applicant's details
If Other has been selected, please provide:		
Contact name:	Ang/A	Telephone number:
Email address:	GSTADPHTRED - SHA	APANYO NO STOCHEROSO