

OLD WESLEYAN CHAPEL **GARRISON LANE** -16-056 ST MARY'S ISLES OF SCILLY **TR21 0JD**

RECEIVED BY THelephone: [01720] 424350 PLANNING DEPARTMENT PLANNING & DEVELOPMENT DE

[01720] 424317 planning@scilly.gov.uk

15 JUN 2016

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.

	I NI	2. Agent Name and Address			
	ant Name and Address	Z. Agent	iguillo di la 7 tadi 000		
Title:	MAS First name: 74VI).	Title:	First name:		
Last name:	MCNEILL	Last name:			
Company (optional):	·	Company (optional):			
Unit:	House number: House suffix:	Unit:	House number: House suffix:		
House name:	COOMBE ORCHARD.	House name:			
Address 1:	MAPSTONE HILL	Address 1:			
Address 2:	HISTLEIGH.	Address 2:			
Address 3:		Address 3:			
Town:	NEWTON ABBOT	Town:			
County:	NEWTON ABBOT	County:			
Country:	UK.	Country:			
Postcode:	TOIZ 9SE	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 authority about this application?						
Unit: House House suffix:	authority about tris application? Yes No						
House name: PIMETREES	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this						
Address 1: BRYHER	application more efficiently). Please tick if the full contact details are not						
Address 2:	known, and then complete as much as possible: Officer name:						
Address 3:	LISA WALTON						
TOWN: ISLES OF SCILLY	Reference:						
County: CORNWALL							
Postcode (optional): TR23 OPR	Date (DD/MM/YYYY): (must be pre-application submission)						
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?						
Easting: Northing:	Pernission required to remove condition;						
Description:	condition						
C. D							
5. Description Of Your Proposal Please provide a description of the approved development as shown and date of decision in the sections below:	n on the decision letter, including the application reference number						
and date of decision in the sections below:	Planning Pernission						
Persone condition 11 Jon	Planning, Pernission separation of Pine Trees						
PIR/030/Ful. to allow	39,000						
P/3/030/Ful. to allow into 2 properties.							
	DD/MM/YYYY): 04 ゴロル13 (date must be pre-application submission)						
Please state the condition number(s) to which this application relate	95:						
1. Condition 11	6.						
2.	7.						
3.	8.						
4.	9.						
5.	10.						
Has the development already started?	☐ Yes ☑ No						
If Yes, please state when the development started (DD/MM/YYYY):	(date must be pre-application submission)						
Has the development been completed?	☐ Yes ☐ No						
If Yes, please state when the development was completed (DD/MM	(date must be pre-application submission)						
6. Condition(s) - Removal							
Please state why you wish the condition(s) to be removed or chang	jed:						
See attached							
If you wish the existing condition to be changed, please state how you wish the condition to be varied:							
II you wish the existing condition to be sharing an in-							

7. 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):						
5								
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								
		Date Notice Served						
DISCHY OF CORNWAK	LAND STEWARD, HIGH HOUSE LAND STEWARD, HIGH HOUSE ST MARYS, ISLES OF SCILLY	10/06/16.						
•								
		D 1 (DD 4 M 10000)						
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):						

we hereby apply for planning permission/consiformation. I/we confirm that, to the best of menuine opinions of the person(s) giving them.	sent as described in th y/our knowledge, any	is form and the acc facts stated are tru	companying plans e and accurate and	/drawings and add d any opinions give	itional en are the
gned - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):		
		14107/2016 (date cannot b			
0. Applicant Contact Details	11. Agent Contact Details				
elephone numbers	·	Telephone numbers			
Country code: National number:	Extension number:	Country code:	National number		Extensior number:
Country code: Mobile number (optional):		Country code:	Mobile number (optional):]
country code: Fax number (optional):	Country code:	Country code: Fax number (optional):			
mail address (optional):	Email address (optional):				
2. Site Visit					
an the site be seen from a public road, public f	footpath, bridleway or	other public land?	Yes	No	
the planning authority needs to make an apput a site visit, whom should they contact? (Plea	Agent	Applicant	Other (if differ agent/application)		
Other has been selected, please provide:					
Contact name:		Telephone numb	oer:		
mail address:					

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