

COUNCIL of the ISLES OF SCIL

TRUAN

PLANNING & DEVELOPMENT DEPARTMENT

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

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

Email PLANNING DEPARTMENT

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

Application for 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.

Please complete using block capitals and black ink.

First name:

1. Applicant Name and Address

MR

Title:

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

2. Agent Name and Address

MR | First name: NEIL

1110111	
Last name: HICKS	Last name: JONES
Company (optional):	Company (optional):
Unit: House number: House suffix:	Unit: House House suffix:
House name: SMUGGLERS RIDE	House 3, BUSHY LEASCOTTAGES
Address 1: THOROFARE	Address 1: POUND FARM LANE
Address 2:	Address 2:
Address 3:	Address 3:
Town: HUGH TOWN	Town: ASH GREEN
County: ISLES OF SCILLY	County: SURREY
Country:	Country:
Postcode: TR21 OLN	Postcode: GUIZ 6EH
3. Description of the Proposal	
3. Description of the Proposal Please describe the proposed development, including any change of	use:
Please describe the proposed development, including any change of 1 x REPLACEMENT WINDOW IN (CONFIDENCE BELOW)	16,5MUGGLERS RIDE
Please describe the proposed development, including any change of 1 x REPLACEMENT WINDOW IN (CONFIDENCE BELOW)	16, SMUGGLERS RIDE 8, SMUGGLERS RIDE (SPY HOLE)
Please describe the proposed development, including any change of I X REPLACEMENT WINDOW (COMPLETED - SEE BELOW) I N	16,5MUGGLERS RIDE
Please describe the proposed development, including any change of I X REPLACEMENT WINDOW (COMPLETED - SEE BELOW) HX REPLACEMENT WINDOWS IN	16, SMUGGLERS RIDE 8, SMUGGLERS RIDE (SPY HOLE)
Please describe the proposed development, including any change of I X REPLACEMENT WINDOW (COMPLETED - SEE BELOW) HX REPLACEMENT WINDOWS IN	16, SMUGGLERS RIDE 8, SMUGGLERS RIDE (SPY HOLE)
Please describe the proposed development, including any change of I X REPLACEMENT WINDOW IN COMPLETED - SEE BELOW IN REPLACEMENT WINDOWS IN 2X REPLACEMENT WINDOWS IN Has the building, work or change of use already started?	16, SMUGGLERS RIDE 8, SMUGGLERS RIDE (SPY HOLE)
Please describe the proposed development, including any change of IX REPLACEMENT WINDOW IN (COMPLETED - SEE BELOW) HX REPLACEMENT WINDOWS IN 2X REPLACEMENT WINDOWS IN	16,5MUGGLERS RIDE 8,5MUGGLERS RIDE(SPY HOLE) PORCH AREA, SMUGGLERS RIDE
Please describe the proposed development, including any change of I X REPLACEMENT WINDOW (COMPLETED - SEE BELOW) HX REPLACEMENT WINDOWS IN 2 X REPLACEMENT WINDOWS IN As the building, work or change of use already started? If Yes, please state the date when building, work or use were started (DD/MM/YYYY): Has the building, work or change of use been completed?	16, SMUGGLERS RIDE 8, SMUGGLERS RIDE(SPY HOLE) PORCH AREA, SMUGGLERS RIDE VYes No (IN NO 16 ONLY)
Please describe the proposed development, including any change of I X REPLACEMENT WINDOW (COMPLETED - SEE BELOW) HX REPLACEMENT WINDOWS IN 2X REPLACEMENT WINDOWS IN 2X REPLACEMENT WINDOWS IN Has the building, work or change of use already started? If Yes, please state the date when building, work or use were started (DD/MM/YYYY): Has the building, work or change of use been completed? If Yes, please state the date when the building, work	16, SMUGGLERS RIDE 8, SMUGGLERS RIDE (SPY HOLE) PORCH AREA, SMUGGLERS RIDE VYes No (IN NO 16 ONLY) (date must be pre-application submission)
Please describe the proposed development, including any change of I X REPLACEMENT WINDOW (COMPLETED - SEE BELOW) HX REPLACEMENT WINDOWS IN 2X REPLACEMENT WINDOWS IN Has the building, work or change of use already started? If Yes, please state the date when building,	IG, SMUGGLERS RIDE 8, SMUGGLERS RIDE (SPY HOLE) PORCH AREA, SMUGGLERS RIDE Ves No (IN NO 16 ONLY) (date must be pre-application submission) Yes No

4. Site A	ddress Details	6 Pro combination A L L
1	vide the full postal address of the application site.	Pre-application Advice Has assistance or prior advice been sought from the local
Unit:	House number: House suffix:	authority about this application?
House name:	SMUGGLERS RIDE	If Yes, please complete the following information about the advice
Address 1:	THOROFARE	you were given. (This will help the authority to deal with this application more efficiently).
Address 2:		Please tick if the full contact details are not known, and then complete as much as possible:
Address 3:		Officer name:
Town:	HUGH TOWN	ANDREW KING
County:		Reference:
Postcode (optional):	TR21 OLN	
Description	of location or a grid reference. mpleted if postcode is not known):	Date (DD/MM/YYYY):
Easting:	Northing:	(must be pre-application submission)
Description:		Details of pre-application advice received?
		SITE VISIT ON 22/4/16 AND SUBSEQUENT EMAILS
6. Pedestria	an and Vehicle Access, Roads and Rights of Way	(7) Waste Starren 10 III
Is a new or al	Itered vehicle access proposed	
	e public highway?	Do the plans incorporate areas to store and aid the collection of waste? Yes No
access propo	Itered pedestrian osed to or from	If Yes, please provide details:
the public hig	ghway? Yes No	*
Are there any provided with	new public roads to be	
Are there any	☐ Tes ☑ NO	
	to be provided cent to the site? Yes No	
Do the propos	sals require any diversions	Have arrangements been made
/extinguishme creation of rig		for the separate storage and
If you answer	red Yes to any of the above questions, please show	collection of recyclable waste? If Yes, please provide details:
(s)/drawings(s	ur plans/drawings and state the reference of the plans)	N/A
8. Authorit	y Employee / Member	
With respect to	o the Authority, I am: (a) a member of staff (b) an elected member	Do any of these statements apply to you? Yes No
	(c) related to a member of staff	
If Yes, please	(d) related to an elected member provide details of the name, relationship and role	r

in approache, proace ou	ate what materials are to be used externally. Inclu	de type, colour and name for each material:		
	Existing (where applicable)	Proposed	Not applicable	Don Kno
Walls. No 16 WINDOWS	IX DPV SASH WINDOW			
ROOF WINDOWS	4 X UPVC FLUSH 'CHUNKY' WINDOWS (WHITE) FRAMES	4 X UPVC SASH WINDOWS SET BACK (WHITE FRAMES)		
PORCI-F Windows	2X WOODEN FRAMED WHITE GEORGIAN STYLE WINDOWS	2 X U PVC WHITE FRAME GEORGIAN STYLE WINDOWS		
PORCH Doors				
Boundary treatments (e.g. fences, walls)				
Vehicle access and hard-standing				
Lighting				
Others (please specify)				
	ional information on submitted plan(s)/drawing(s)/ rences for the plan(s)/drawing(s)/design and access] No
0. Vehicle Parking		, .		
	mation on the existing and proposed number of on-			
Type of Vehicle	Total Total Existing	proposed (including Difference spaces retained) Difference in spaces		
Cars Light goods vehicle	es/			
public carrier vehicl Motorcycles	ies			
Disability spaces		,		
Cycle spaces				
Other (e.g. Bus)		,		
Other (e.g. Bus)				

11. Foul Sewage N/A	(42 Assessment (5)
Please state how foul sewage is to be disposed of:	12. Assessment of Flood Risk N/A
Mains sewer Cess pit	Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local
Septic tank Other	planning authority requirements for information as necessary.)
Other	Yes No
Package treatment plant	If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.
Are you proposing to connect to the existing drainage system? Yes No	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?
If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):	Will the proposal increase the flood risk elsewhere?
	How will surface water be disposed of?
	Sustainable drainage system Existing watercourse
	Soakaway Pond/lake
	Main sewer
13. Biodiversity and Geological Conservation	14. Existing Use
To assist in answering the following questions refer to the guidance	Please describe the current use of the site:
notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether	FLATS - MIX OF RESIDENTIAL AND HOLIDAY LETS
they are likely to be affected by your proposals.	*
Having referred to the guidance notes, is there a reasonable	Is the site currently vacant? Yes No
likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?	If Yes, please describe the last use of the site:
a) Protected and priority species:	
Yes, on the development site	
Yes, on land adjacent to or near the proposed development No	When did this use end (if known)?
	DD/MM/YYYY (date where known may be approximate)
b) Designated sites, important habitats or other biodiversity features:	Does the proposal involve any of the following?
Yes, on the development site	If yes, you will need to submit an appropriate contamination assessment with your application.
Yes, on land adjacent to or near the proposed development No	Land which is known to be contaminated? Yes No
c) Features of geological conservation importance:	Land where contamination is
Yes, on the development site	suspected for all or part of the site? Yes No
Yes, on land adjacent to or near the proposed development	A proposed use that would
No No	be particularly vulnerable to the presence of contamination?
(AE Trees and H. I.	
15. Trees and Hedges Are there trees or hedges on the	16. Trade Effluent
proposed development site? Yes No	Does the proposal involve the need to dispose of trade effluents or waste? Yes No
And/or: Are there trees or hedges on land adjacent to the	If Yes, please describe the nature, volume and means of disposal
proposed development site that could influence the development or might be important as part	of trade effluents or waste
of the local landscape character? Yes No If Yes to either or both of the above, you may need to provide a full	
Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be	
submitted alongside your application. Your local planning	
authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.	

17. Residential U Does your proposal ir If Yes, please comple	nclude th	6 03	in los	e or	chana	o of upo of	f reside elow:	ential units? Yes	V	No					
	Proposed Housing							Existing Housing							
Market Housing	Not known	1	Num 2	ber o	f Bed	rooms Unknowi	Total	Market Housing	Not know	n 1				drooms	Tota
Houses						01	a	Houses	KIIOW	1	2	3	4+	Unknow	
Flats and maisonettes	3 🗆						b	Flats and maisonette	s 🗆		-	+	+		a a
Live-work units							c	Live-work units				+		_	b
Cluster flats							ď	Cluster flats				+	+		G
Sheltered housing							e	Sheltered housing	+ -		-	+	_		ď
Bedsit/studios								Bedsit/studios	+			-	+		9
Unknown type		, -					g	Unknown type		-	-	+-	+		1
	To	tals	(a + t)) + c +	<u> d + e</u>	+f+g) =	A	Officiown type		Cotolo	/0.1	6			g
			1			, 9/	E R.			otais	(a +	0 + C	+ 0 + 0	e + f + g) =	Š
Social Rented	Not known	1	Numb 2	ber of	Bedr 4+	ooms Unknown	Total	Social Rented	Not known	1	Num 2	ber o	f Bed	rooms	Tota
Houses							8	Houses		1			7.	OTIKITOWI	8
Flats and maisonettes							b	Flats and maisonettes							h
Live-work units							0	Live-work units				_			0
Cluster flats							ď	Cluster flats					1		ď
Sheltered housing							8	Sheltered housing				 	_		6
Bedsit/studios							f	Bedsit/studios				-			4
Unknown type							Č.	Unknown type					-	-	~
	То	tals	(a + b	+ c +	d + e	+ f + g) =	8	Totals $(a + b + c + d + e + f + g) =$						9 F	
							-							3/	
Intermediate	Not known	1	Numb 2	er of		ooms Unknown	Total	Intermediate	Not known	1				rooms	Total
Houses						OTIKTIOWIT	a	Houses		1	2	3	4+	Unknown	
Flats and maisonettes							5	Flats and maisonettes						-	a
Live-work units							G	Live-work units							14
Cluster flats							đ	Cluster flats							O d
Sheltered housing							9	Sheltered housing					_		
Bedsit/studios			_					Bedsit/studios							<i>2</i>
Unknown type		\neg						Unknown type				-			*
	Tot	als (a+b	+ c +	d + e	+ f + g) =	0	Totals $(a+b+c+d+e+f+g) =$					g G		
						57			•		(a · b		ure	17 1 g) -	S
	Not known	1 N	Number 2	er of E		oms Jnknown	Total	Key worker	Not known	1	Numb 2	er of		ooms Unknown	Total
Houses							a	Houses							a
Flats and maisonettes							b	Flats and maisonettes							b
Live-work units							0	Live-work units							G
Cluster flats							đ	Cluster flats							ď
Sheltered housing							69	Sheltered housing							e
Bedsit/studios		\top					1	Bedsit/studios							f
Unknown type							g	Unknown type							G.
	Tota	als (a	a + b +	+ C + (1 + e +	f+g) =	0	7,	To	tals (a + b	+ c +	d + e	+ f + g) =	H
Total proposed res	sidential	unit	ts	(A + B	3 + C +	D) =	7	Total existing r						+ H) =	\neg
TOTAL NET GAIN or L	.OSS of	RES	IDEN.	TIAL	UNITS	6 (Propose	ed Hou	sing Grand Total - Exis	ting Ho	using	Grar	nd To	tal):		

18. A	II Types or	f Developm	ent:	Non-resident	ial Floorsp	ace		
If	you have ans	swered Yes to	the a	ain or change of uuestion above ple	use of non-resi	dential floors	pace? Yes	No
	Jse class/typ		Not applicable	Existing gross internal floorspace (square metres)	Gross internation to be lost by use or de	al floorspace y change of	Total gross internal floorspace proposed (including change ouse)(square metres)	internal floorspace
A1	- S	hops						(square metes)
		dable area:						
A2	Finar professio	ncial and onal services						
А3		nts and cafes						
A4	Drinking e	stablishments						
A5	Hot food	takeaways						
B1 (a)		her than A2)						
B1 (b)		arch and opment						
B1 (c)		ndustrial						
B2	Genera	l industrial						
B8		r distribution						
C1	Hotels a	nd halls of dence						
C2		l institutions						
D1	Non-re instit	sidential utions						
D2		and leisure						
OTHER								
Please Specify								
	To	otal						
In ac	ddition, for ho	otels, resident	ial ins	titutions and hos	tels, please ad	ditionally indi	icate the loss or gain of	roome
	Type of use	Not applicable	Existir	ng rooms to be lo of use or demo	st by change	Total rooms	s proposed (including anges of use)	Net additional rooms
C1	Hotels							
02	Residential Institutions							
OTHER								
Please Specify								
9. Em	ployment	N/A					I .	
Please c	omplete the		matic	n regarding emp	oloyees:			
			F	Full-time	Part-	time		al full-time quivalent
	sting employ							quivalent
Prop	osed emplo	yees					-	
	irs of Ope	-	/A					
known,		1		ng (e.g. 15:30) for			proposed:	
	Use	Mor	iday to	o Friday	Saturday		Sunday and Bank Holidays	Not known
1. Site Area								
ease sta	te the site are	ea in hectares	(ha)					

\$Date:: 2015-04-02 #\$ \$Revision: 6149 \$

22. Industrial or Commercial Proc	esse	s and Machin	ery		
Please describe the activities and processes be carried out on the site and the end produplant, ventilation or air conditioning. Please type of machinery which may be installed or	es which	ch would ncluding			
Is the proposal a waste management devel			No		
If the answer is Yes, please complete the fo	ollowin	it : □ 100	INO		
	Not applicable		pacity of the void ineering surcharger cover or restorated waste or litres	ge and making no	Maximum annual operational throughput in tonnes (or litres if liquid waste)
Inert landfill					
Non-hazardous landfill					
Hazardous landfill			į.		
Energy from waste incineration			2		
Other incineration		1			
Landfill gas generation plant		1	1 1		
Pyrolysis/gasification		1			
Metal recycling site					
Transfer stations					
Material recovery/recycling facilities (MRFs)				-	
Household civic amenity sites					
Open windrow composting					
In-vessel composting					
Anaerobic digestion		-			
Any combined mechanical, biological and/ or thermal treatment (MBT)					
Sewage treatment works					
Other treatment					
Recycling facilities construction, demolition and excavation waste					
Storage of waste					
Other waste management	市				
Other developments	計				
Please provide the maximum annual operati	ional th	hroughput of the	following waste	streams:	
Municipal					
Construction, demolition and ex		ion			
Commercial and industri	al				
Hazardous					
If this is a landfill application you will need to planning authority should make clear what ir	provid nforma	de further information it requires c	ation before you on its website.	ιr application can bε	e determined. Your waste
23. Hazardous Substances					
Does the proposal involve the use or storage the following materials in the quantities state	of any	of Yes	□No	Not applicable	-
If Yes, please provide the amount of each sub				Wor app	<i>‡</i>
Acrylonitrile (tonnes)		nylene oxide (toni		1	Phosgene (tonnes)
Ammonia (tonnes)		gen cyanide (tonr	,	_]	nur dioxide (tonnes)
Bromine (tonnes)		quid oxygen (tonr	, L	1	Flour (tonnes)
		troleum gas (tonn		Refined w	/hite sugar (tonnes)
Other:	150		Other:		, into odgar (torin.os)
Amount (tonnes):			Amount (tonn	200):	

24. 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): CERTIFICATE OF OWNERSHIP - CERTIFICATE & CERTIFICATE & 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 JO AND LIAM CREAVEN LYNCROFT, SULLY ROAD, PENARTH 24/6/16 (APPT 1) CF64 2TQ SMUGGLERS DEN, SMUGGLERS RIDE, MICHAEL BRINGE 24/6/16 (APPT 2) THUROFARE TR21 OLN ROGERLTHEATHER TALROT 40, FREDERICK ROAD, MALVERN LINK (APPT 3) WRI4 IRS TRUAN & CHARLOTTE HICKS FLAT 16, SMUGGLERS RIDE, (APPT 16) THOROFARE, TRZI OLN OFIM CLIFFORD 99, PARKSTONE AVENUE (APPT 4) POOLE BHIY 9LP Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY):

) CONT'D 24/6/16 BUTE LOAGE, 182, PETERSHAM ROAD, ANGELA WALKER (APPT 7) RICHMOND TWIO FAD

5, HAMILTON ROAD, BURTON-UPON-TRENT VALERIE RURTON (APPT ILA)

THE OLD BAKEHOUSE, WINTERBOURNERD., 24/6/16
ABINGDON OX14 1A.T STELLA CARTER (APPT 11B)

I certify/ The applicant certifies that: Neither Certificate A or R can be issued.	RTIFICATE OF OWNERSHIP - CE ment Management Procedure) (I d for this application to find out the names and address at I have/ the applicant has been u	RTIFICATE C England) Order 2015 Certificate under Article ses of the other owners* and/or agricultural tenan unable to do so.	
Name of Owner / Agricultural Tenant	Address	Date Notice S	`anıad
	, radiooc	Date Notice S	ervea
Notice of the application has been published in (circulating in the area where the land is situated	the following newspaper	On the following date (which must not be eathan 21 days before the date of the application	rlier on):
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/	YYYY):
I certify/ The applicant certifies that: Certificate A cannot be issued for this ap All reasonable steps have been taken to f	plication ind out the names and addresses and/or agricultural tenant** of any o so.	of everyone else who, on the day 21 days before part of the land to which this application relates	600 L
Notice of the application has been published in			
Notice of the application has been published in the circulating in the area where the land is situated)	ne following newspaper:	On the following date (which must not be ear than 21 days before the date of the application	lier n):
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/Y)	YYY):
25. Planning Application Requirements Please read the following checklist to make sure y information required will result in your application he Local Planning Authority has been submitted. The original and 3 copies of a completed and date	ou have sent all the information in being deemed invalid. It will not	be considered valid until all information required	d by
application form: The original and 3 copies of the plan which identif he land to which the application relates drawn to dentified scale and showing the direction of Nortl	ies The origina if required an The origina Ownership	al and 3 copies of a design and access statement, (see help text and guidance notes for details): al and 3 copies of the completed, dated Certificate (A, B, C or D – as applicable)	
he original and 3 copies of other plans and drawinformation necessary to describe the subject of the	DOS OF and Auticle	14 Certificate (Agricultural Holdings):	

26. Declaration		
I/we hereby apply for planning permission/consent a information. I/we confirm that, to the best of my/our k genuine opinions of the person(s) giving them.	as described in t knowledge, any	this form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the
Signed - Applicant: Or	signed - Agent:	Date (DD/MM/YYYY):
		15/07/2016 (date cannot be pre-application)
27. Applicant Contact Details		28. Agent Contact Details
Telephone numbers	Extension	Telephone numbers
Country code: National number:	number:	Country code: National number: Extension number:
Country code: Mobile number (optional):	_	Country code: Mobile number (optional):
Country code: Fax number (optional):		Country code: Fax number (optional):
Email address (optional):		Email address (optional):
29. Site Visit		
Can the site be seen from a public road, public footpa	ath, bridleway o	or other public land? Yes No
If the planning authority needs to make an appointment out a site visit, whom should they contact? (Please sel	ent to carry elect only one)	Agent Applicant Other (if different from the agent/applicant's details)
If Other has been selected, please provide:		— agentrappindant a details)
Contact name:	5	Telephone number:
Email address:		