



Council of the  
ISLES OF SCILLY

# COUNCIL OF THE ISLES OF SCILLY

## Planning Department

Town Hall, The Parade, St Mary's, Isles of Scilly, TR21 0LW

01720 424350

planning@scilly.gov.uk

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

### 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 Name, Address and Contact Details

Title:	Mr	First Name:	Nigel	Surname:	Wolstenholme
Company name:	Treagarthen's Hotel Ltd				
Street address:	Garrison Hill				
Telephone number:					
Mobile number:					
Town/City:	St Mary's				
Fax number:					
Country:	Isles of Scilly				
Email address:					
Postcode:	TR21 0PP				
Are you an agent acting on behalf of the applicant?					
<input checked="" type="radio"/> Yes <input type="radio"/> No					

### 2. Agent Name, Address and Contact Details

Title:	Mrs	First Name:	Lisa	Surname:	Jackson
Company name:	Jackson Planning Ltd				
Street address:	Fox Barn				
	Hatchet Hill				
	Lower Chute				
Telephone number:	01264730286				
Mobile number:	07554006494				
Town/City:	Andover				
Fax number:					
Country:	United Kingdom				
Email address:					
Postcode:	SP11 9DU				
	lisa@jacksonplanning.com				

### 3. Site Address Details

Full postal address of the site (including full postcode where available)

House:  Suffix:

House name:

Street address:

Town/City:

Postcode:

Description of location or a grid reference  
(must be completed if postcode is not known):

Easting:

Northing:

Description:

### 4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

☒ Yes ☐ No

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):

Officer name:

Title:  First name:  Surname:

Reference:

Date (DD/MM/YYYY):  (Must be pre-application submission)

Details of the pre-application advice received:

### 5. Description of the Proposal

Please provide a description of the approved development as shown on the decision letter:

Demolition of 3 number lower ground floor hotel bedrooms, and replacement with 6 number C3 use class dwelling units for restricted holiday letting. Change of use of staff accommodation block to 2 number C3 use class dwelling units for restricted holiday letting and formation of pitched roof with stone clad chimney, to replace flat roof. Alterations to external facade of staff block including new windows, doors and cladding, demolition of chimney to former boiler. New pitched roof above dining room over existing flat roof. Partial demolition of flat roofed hotel lobby area and replacement with new entrance to hotel. Installation of green roof over flat roof to hotel lounge. Landscaping works to form outdoor dining terraces on former hotel garden and re-profiling of garden. Installation of ground source heat pump/loop, solar panels on flat roof, break tank for foul sewage. Partial demolition of wall to car park and rebuilding at cill height. Demolition of garage and store and replacement with gas bottle store. (Re-submission) (Amended Plans)

Application reference number:

Date of decision:

Please state the condition number(s) to which this application relates:

Condition number(s):

Has the development already started? ☐ Yes ☒ No

### 6. Condition(s) - Removal

Please state why you wish the condition(s) to be removed or changed:

## 6. Condition(s) - Removal

Please see supporting statement

If you wish the existing condition to be changed, please state how you wish the condition to be varied:

Please see supporting statement

## 7. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land? ☒ Yes ☐ No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)

☒ The agent ☐ The applicant ☐ Other person

## 8. Certificates (Certificate A)

### 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 (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding (*"agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act*).

Title:  First name:  Surname:

Person role:  Declaration date:  ☒ Declaration made

## 9. Declaration

I/we hereby apply for planning permission/consent 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.



Date