

COUNCIL OF THE ISLES OF SCILLY
Planning Department
Town Hall, The Parade, St Mary's, Isles of SCILLY

0 01720 424350

01720 424350planning@scilly.gov.uk



Application for approval of details reserved by condition.

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.

1. Applic	ant Name and Address	2. Agent Name and Address
Title:	MR First name: ARTHUR	Title: First name:
Last name:	TAYLOR	Last name:
Company (optional):		Company (optional):
Unit:	House number: House suffix:	Unit: House number: House suffix:
House name:	LUITRETH	House name:
Address 1:	MeFARLAND'S DOWN	Address 1:
Address 2:	ST. MARY'S	Address 2:
Address 3:	Buss OF SCILLY	Address 3:
Town:		Town:
County:		County:
Country:		Country:
Postcode:	TR21 ONS	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				
Unit: House House suffix:	authority about this application?				
House name: LUITRETH	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1: McFARLAND'S DOWN	application more efficiently). Please tick if the full contact details are not				
Address 2: ST. MARY'S	known, and then complete as much as possible:				
Address 3: ISLES OF SCILLY	Officer name:				
Town:	MR. ANDREW KING Reference:				
County: CORNWALL					
Postcode (optional): TR21 ONS	Date (DD/MM/YYYY):				
Description of location or a grid reference.	(must be pre-application submission) 15/6/2017				
(must be completed if postcode is not known):	Details of pre-application advice received?				
Easting: Northing:	ASVICE REGARDING WASTE				
Description:	MANAGEMENT, FORMS 25 + 27 ANS REMOVAL OF CONDITIONS.				
	mos kandone a continuos s,				
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				
DEMONITION OF EXISTING BLOCK	KUNRY CARAGE & 6.1 x 3.12				
REPLACEMENT WITH GARAGE ME					
Reference number: P/17/014/FUL Date of decision:	(Date must be pre-application submission) (DD/MM/YYYY)				
Please state the condition number(s) to which this application relates					
1. 4	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/YYYY): (date must be pre-application submission)					
6. Discharge Of Condition					
Please provide a full description and/or list of the materials/details that are being submitted for approval:					
SEE ATTACHED LETTER					
7. Part Discharge Of Condition(s)					
Are you seeking to discharge only part of a condition? If Yes, please indicate which part of the condition your application relates to:					

8. Planning Application Requirements - Che Please read the following checklist to make sure you hinformation required will result in your application being the Local Planning Authority (LPA) has been submitted.	ave sent all the	e information in support of your proposal. Failure to submit all valid. It will not be considered valid until all information required by
The original and 3 copies* of a completed and dated application form:	The o	original and 3 copies* of other plans and drawings formation necessary to describe the subject of the application:
The correct fee:		
total of four copies), unless the application is submitted	d electronically on nic format by po	iginal plus three copies of the form and supporting documents (a or, the LPA indicate that a smaller number of copies is required. post (for example, on a CD, DVD or USB memory stick). anning department to discuss these options.
9. Declaration I/we hereby apply for planning permission/consent as information. I/we confirm that to the best of my/our kn genuine opinions of the second	described in thi owledge, any fa	his form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the signed - Agent:
Date (DD/MM/YYYY		
19th Jun & 201) (date cannot be pre-a	pplication)	
10. Applicant Contact Details		11. Agent Contact Details
Telephone numbers		Telephone numbers
<u>c</u>	Extension number:	Country code: National number: Extension number:
<u>c</u>		Country code: Mobile number (optional):
		Country code: Fax number (optional):
Ē		Email address (optional):
12. Site Visit		
Can the site be seen from a public road, public footpat	h, bridleway or	r other public land? Yes No
f the planning authority needs to make an appointmen out a site visit, whom should they contact? (Please sele	nt to carry ct only one)	Agent Applicant Other (if different from the agent/applicant's details)
f Other has been selected, please provide:		79 H A
Contact name:		Telephone number:

Email address: