

COUNCIL OF THE ISLES OF SCILLY

Planning Department

Town Hall, The Parade, St Mary s Asies cofe Spailing IN 21 OLW

01720 424350

planning@scilly.gov.uk

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First name:

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

First name: SANDRA

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.

KYNE

1. Applicant Name and Address

Title:

Last name:

Company

(optional):

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

Title:

Last name:

Company

(optional):

2. Agent Name and Address

Unit:	House number: House suffix:	Unit: House number: House suffix:		
House name:	GIBSON KYNE FLAT	House name:		
Address 1:	GARRISON LAME	Address 1:		
Address 2:	ST MARY'S	Address 2:		
Address 3:	ISU	Address 3:		
Town:	ISTES OF SCILLY.	Town:		
County:	CORNWALL	County:		
Country:		Country:		
Postcode:	TR21 OJD	Postcode:		
3. Description of Proposed Works				
3. Descri	iption of Proposed Works			
Please desc	ribe the proposed works:			
Please desc	ribe the proposed works:	white wooden		
Please desc	ribe the proposed works:	white wooden with white upuc		
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3. Description of Proposed Works (continued)					
Has the work already started? Yes No					
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)				
Has the work already been completed? Yes No					
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.	Is a new or altered vehicle access				
Unit: House House suffix:	proposed to or from the public highway? Yes No is a new or altered pedestrian access				
House name: GIBSON KYNEPLAT.	proposed to or from the public highway? Yes No Do the proposals regulre any diversions,				
Address 1: GARRISON LANE.	extinguishments and/or creation of public rights of way?				
Address 2:	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:					
County:					
Postcode (optional):					
6. Pre-application Advice Has assistance or prior advice been sought from the local 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: Reference: Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received:	Are there any trees or hedges on your own 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: Will any trees or hedges need 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.				
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				

10. Materials If applicable, please sta	te what materials are to be used externally. Include	e type, colour and name for each material:			
	Existing (where applicable)	Proposed	Not applicable	Don't Know	
Walls					
Roof					
Windows	WHITE BLAZEDS WOODEN WHITE	PLASTIC WHITE.			
Doors					
Boundary treatments (e.g. fences, walls)					
Vehicle access and hard-standing					
Lighting					
Others (please specify)					
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Yes No If Yes, please state references for the plan(s)/drawing(s)/design and access statement:					
PLIOTOS OV	JG PROPERTY'S WIN	2 AND WINDOWS	54		

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. Or signed - Agent: Date (DD/MM/YYYY): Sig CERTIFICATE OF OWNERSHIP - CERTIFICATE B Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify/ The applicant certifles 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. Name of Owner / Agricultural Tenant **Date Notice Served** Address Or signed - Agent: Date (DD/MM/YYYY): Signed - Applicant:

One Certificate A, B, C, or D, must be completed with this application form CERTIFICATE OF OWNERSHIP - CERTIFICATE A

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1 8 SEP 201/

11. Ownership Certificates and Agricultural Land Declaration

12. Planning Application Requirements - 0	hecklist						
Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority (LPA) has been submitted.							
	original and 3 o	coples* of a	The correct fee:				
The original and 3 copies* of a plan which identifies the land to which the application working the properties of the pr	osed works fal ervation area of Id Heritage Site d Building:	l within a or	The original and 3 copies* of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings):				
*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.							
13. Declaration							
I/we hereby apply for planning permission/consent as information. I/we confirm that, to the best of my/our k genuine opinions of the person(s) giving them.	described in the nowledge, any	nis form and the acco facts stated are true	ompanying plans/drawings and additional and accurate and any opinions given are the				
SI	gned - Agent:		Date (DD/MM/YYYY):				
			30.8-17 (date cannot be				
			pre-application)				
14. Applicant Contact Details		15. Agent Con					
14. Applicant Contact Details Telephone numbers		15. Agent Con	ntact Details				
•••	Extension number:	Telephone number	ntact Details				
Telephone numbers Country code: National number: Country code: Fax number (optional):		Country code: Country code: Country code:	Atact Details ers National number: Mobile number (optional): Fax number (optional):				
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Country code: Country code: Country code: Fax number (optional): Can the site be seen from a public road, public footpat lifthe planning authority needs to make an appointme	number:	Telephone number Country code: Country code: Country code: Country code: Agent	National number: Mobile number (optional): Fax number (optional): ional): Applicant Other (if different from the agent/applicant's details)				
Country code: National number: Country code: Fax number (optional): Can the site be seen from a public road, public footpat lf the planning authority needs to make an appointme out a site visit, whom should they contact?	number:	Telephone number Country code: Cod	National number: Mobile number (optional): Fax number (optional): ional): Applicant Other (if different from the agent/applicant's details)				

Email address: