



# 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

You can complete and submit this form electronically via the Planning Portal by visiting [www.planningportal.gov.uk/apply](http://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. Applicant Name and Address

Title:	MR	First name:	SIMON
Last name:	POLLOCK		
Company (optional):			
Unit:		House number:	
		House suffix:	
House name:	GREEN PASTURES		
Address 1:	SOUTHAM LANE		
Address 2:	SOUTHAM		
Address 3:			
Town:	CHELTENHAM		
County:	GLOS		
Country:			
Postcode:	GL52 3NY		

### 2. Agent Name and Address

Title:		First name:	
Last name:			
Company (optional):			
Unit:		House number:	
		House suffix:	
House name:			
Address 1:			
Address 2:			
Address 3:			
Town:			
County:			
Country:			
Postcode:			



### 3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:		House suffix:	
House name:	THE HIDEAWAY				
Address 1:	FLAT 5, HARBOUR LIGHTS				
Address 2:	THOROFARE				
Address 3:	HUGH TOWN				
Town:	ST MARY'S				
County:	ISLES OF SCILLY				
Postcode (optional):	TR21 0LN				
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).

Please tick if the full contact details are not known, and then complete as much as possible: ☐

Officer name:

MR ANDREW KING

Reference:

—

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

11/08/2017

Details of pre-application advice received?

E-MAIL CORRESPONDENCE, INFO ON ORIGINAL PLANNING APPN AND HISTORY, EXAMPLES OF PREVIOUS SIMILAR APPLICATIONS

### 5. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:

THE CONVERSION OF SMUGGLERS RIDE GUEST HOUSE, THOROFARE, ST MARY'S INTO 13 SELF-CONTAINED HOLIDAY FLATS

Reference number: P. 2459 Date of decision (DD/MM/YYYY): 10/06/1986 (date must be pre-application submission)

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

1.		6.	
2.	<del>NONE OF THE SELF CATERING HOLIDAY UNITS SHALL BE USED FOR PERMANENT ACCOMMODATION WITH ONE EXCEPTION WITHOUT PRIOR APPROVAL OF LDA.</del>	7.	
3.	<del>THAT ANY ONE FLAT, EXCLUDING FLAT NO 3, MAY BE USED FOR SUPERVISORY PURPOSES BUT SHALL NOT BE OCCUPIED BY MORE THAN ONE PERSON.</del>	8.	
4.		9.	
5.		10.	

Has the development already started?

☒ Yes ☐ No

If Yes, please state when the development started (DD/MM/YYYY):

1986 (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):

1986 (date must be pre-application submission)

### 6. Condition(s) - Removal

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

PSE SEE ATTACHED SHEETS

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

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