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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

Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form.

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:



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

Publication of applications on planning authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

If printed, please complete using block capitals and black ink.

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

application.						
1. Applicant Name and Address						
Title:	HRS First name: CARMEN					
Last name: STEVENS						
Company (optional):						
Unit:	House number: 2 House suffix:					
House name:	Colossus					
Address 1:	: PILOTS RETREAT					
Address 2:	ddress2: ST MARYS					
Address 3:						
Town:	ISLES OF SCILLY					
County:	ISLES OF SCILLY					
Country:	UK					
Postcode: TR210PB						

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:	,					

Version 2018

3. Site Address Details		4. Pre-application Advice Has assistance or prior advice been sought from the local					
Please provide the full postal address of the application site. House House			authority about this application?				
Unit:	number: suffix:						
House name:		If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this					
Address 1:	MATTHEW'S FIELD	application more efficiently). Please tick if the full contact details are not					
Address 2:	CHURCH ROAD	known	, and then complete as much as possible:				
Address 3:			rname:				
Town:	STMARY'S	LISA WALTON					
County:	ISLES OF SCILLY	Reference:					
Postcode	TRZIONA	Date (DD/MM/YYYY):					
Description of location or a grid reference.		(must be pre-application submission) Details of pre-application advice received?					
l :	ompleted if postcode is not known):	COMPLETE THIS FORM TO					
Easting: Description	Northing:	MAN	AMEND A PRE-COMMENCEMENT				
Description			CONDITION				
			*				
	ption 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: EXTENSION OF FIRST FLOOK AREA OVER EXISTING GROUND FLOOR FLAT ROOF BY MEANS OF ALTERING THE PITCH OF THE EAST OF THE ELEVATION OF THE ROOF AND ADDING DORMER, WEST ELEVATION OF ROOF TO REMAIN SAME FITCH WITH THE ADDITION OF NO. 2 ROOF LICHTS (ANICLUDE) Please state the condition number(s) to which this application relates: 1. C6 6. 2. 7. 3. 8. 4. 9. 10. Has the development already started?							
If Yes, plea	If Yes, please state when the development started (DD/MM/YYYY): (date must be pre-application submission)						
Hasthe de	Has the development been completed?						
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)							
6. Condi	tion(s) - Removal		9				
	e why you wish the condition(s) to be removed or chang		<u>, , , , , , , , , , , , , , , , , , , </u>				
see letter from applicant dated 12.11.18							
If you wish the existing condition to be changed, please state how you wish the condition to be varied:							
Please see Appendix 1							

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8. Planning Application Requirements - Checklist 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.									
The original and 3 copies* of a completed and dated application form:	I	Ownership Certificate (A,	The original and 3 copies* of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings):						
The original and 3 copies* of other plans and drainformation necessary to describe the subject of the subject o	wingsor the application:	·	(Agricultura: Holdii	igs). 🖭					
The correct fee:		1243		-					
*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.									
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.									
Signed - Applicant:	Or signed - Agent:	/	Date (DD/MM/YY						
			13.11.18	(date cannot be pre-application)					
10. Applicant Contact Details		11. Agent Contact De	tails						
Telephone numbers		Telephone numbers							
Country code: National number: Extension number: Country code: National number:									
Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):								
12. Site Visit									
Can the site be seen from a public road, public for	otpath, bridleway or	other public land? Yes	☐ No						
f the planning authority needs to make an appoint a site visit, whom should they contact? (Heast	ntment to carry e <i>select only one)</i>	Agent App		(if different from the /applicant's details)					
Other has been selected, please provide: ontact name:		Telephone number:		1					
Treat Harro.									
7. 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):					
				13/11/18					
CERTIFICATE OF OWNERSHIP - CERTIFICATE B Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 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.

Appendix 1

Variation to C6: In light of the additional information submitted by the applicants in letter dated 12.11.18 and that the IOS Wildlife Trust Survey did not positively identify the presence of any bats during their Primary Ecological and Roost Assessment, the development, hereby permitted, be begun in accordance with the approved details as Condition 2 and that two further bat emergence surveys are carried out in the bat active season (March-September) to ascertain the presence of bats and in the event of bats being found, appropriate mitigation measures shall be carried out in accordance with details to be submitted and approved, in writing, by the Planning Authority.