PLANNING & DEVELOPMENT DEPARTMENT

OLD WESLEYAN CHAPEL GARRISON LANE ST MARY'S ISLES OF SCILLY TR21 0JD

Telephone: [01720] 424350 [01720] 424317

Fax: Email: planning@scilly.gov.uk

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

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.

1. Applicant Name and Address

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

2. Agent Name and Address

Title: MR. First name: DELLIN	Title: M2 First name: Maux
Last name: THOMPSON	Last name: OSBORNE
Company (optional):	Company (optional):
Unit: House number: 29 House suffix:	Unit: House House suffix:
House RUNOR CLOSE	House name: Jus Limini
Address 1: OLD TOWN	Address 1: CARNOTHOMAS
Address 2:	Address 2:
Address 3:	Address 3:
Town: St. MARYS	Town: St. MAajs
County: ISLES OF Scilly	County: SLES OF SCILLY
Country: UK	Country: UK
Postcode: IR21 ONL.	Postcode: TR21 OPT-
3. Description of Proposed Works	The state of the s
Please describe the proposed works:	
REAR LOUNCE EXTENSION	RECEIVED BY THE
	PLANRECEIVEDABYTHET
	PLANNING DEPARTMENT
	1 8 APR 2019
*	

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?	
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 number: 29 House suffix:	proposed to or from the public highway? Yes Yools a new or altered pedestrian access
House RHHOR CLOSE	proposed to or from the public highway? Yes Z-No
Address 1: OLD TOWN	Do the proposals require any diversions, extinguishments and/or creation of public rights of way? Yes
Address 2:	If Yes to any questions, please show details on your plans or
Address 3:	drawings and state the reference number(s) of the plan(s)/ drawing(s):
Town: St. Macijs	
County: KLES OF SCILLY	
Postcode (optional): IR21 ONL.	
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 (C) BROTHER IS A MEMBER OF STAFF

10. Materials f applicable, please state what materials are to be used externally. Include type, colour and name for each material:				
	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	GLASS /UPVC.	PENDERED (PAINES).		
Roof	Cares.	THES TO MATER. EXISTING ROOM (CONC).		
Windows	UPUC	UPVC.		
Doors	UPVC	UPVC.		
Boundary treatments (e.g. fences, walls)			4	
Vehicle access and hard-standing			4	
Lighting		Low Volmer		
Others (please specify)			2-	
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? If Yes, please state references for the plan(s)/drawing(s)/design and access statement:				No

1. Ownership Certificates				
One Certificate A, B, C, or D, must be		gether with the Agricultur E OF OWNERSHIP CERTI		his application form
Town and Country Planning (De I certify/The applicant certifies that on thowner (owner is a person with a freehold in which the application relates.	velopment Man	agement Procedure) (Eng	gland) Order 2010 Certificate ation nobody except myself/th	e applicant was the
Signed - Applicant:		Or signed - Agents		Date (DD/MM/YYYY):
				16/04/2019.
Town and Country Planning (Detectify) The applicant certifies that I have 21 days before the date of this application left to run) of any part of the land or build	velopment Mana ve/the applicant on, was the owner	has given the requisite not recommend to the commend of the commen	pland) Order 2010 Certificate tice to everyone else (as listed l	pelow) who, on the day
Name of Owner		Address		Date Notice Served
I certify/ The applicant certifies that: Neither Certificate A or B can be All reasonable steps have been t	Or signed - Agent: CERTIFICATE OF OWNERSHIP - CERTIFICATE C (Development Management Procedure) (England) Order 2010 Certificate under Article 12 In be issued for this application een taken to find out the names and addresses of the other owners (owner is a person with a freehold with at least 7 years left to run) of the land or building, or of a part of it, but I have/ the applicant has			
100	1			
Name of Owner		Address		Date Notice Served
Notice of the application has been publication has been publication.	shed in the follov	wing newspaper	On the following date (which	must not be earlier
(circulating in the area where the land is situated): than 21 days before the date of the application):			or the application);	
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):

14. Owner bis Cartificator (continued)			
11. Ownership Certificates (continued)			
CERTIFICATE OF OWNERSHIP - CERTIFICATE D Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 I certify/ The applicant certifies that: Certificate A cannot be issued for this application			
All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, 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 this application relates, but I have/ the applicant has been unable to do so.			
The steps taken were:			
Notice of the application has been publish	ed in the following newspaper On the following date (which	must not be earlier	
(circulating in the area where the land is si	tuated): than 21 days before the date	of the application):	
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):	
		The second secon	
12. Agricultural Land Declaration AGRICULTURAL LAND DECLARATION Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 Agricultural Land Declaration - You Must Complete Either A or B			
20-00 00 00 00 00 00 00 00 00 00 00 00 00	ion relates is, or is part of, an agricultural holding.		
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):	
· ·			
(B) I have/The applicant has given the req before the date of this application, was a as listed below:	uisite notice to every person other than myself/ the applicant who, on the enant of an agricultural holding on all or part of the land to which this app	day 21 days lication relates,	
Name of Tenant	Address	Date Notice Served	

Clared A. R.			
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):	
13. Planning Application Require	ments - Checklist		
Please read the following checklist to make	sure you have sent all the information in support of your proposal. Failur lication being deemed invalid. It will not be considered valid until all info	e to submit all rmation required by	
The original and 3 copies of a completed and dated application form:	The original and 3 copies of a The correct fee:		
The original and 3 copies of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North:	proposed works fall within a conservation area or World Heritage Site, or relate to a Listed Building: The original and 3 copi completed, dated Own Certificate (A, B, C or D	ership \Box	
The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:	The original and 3 copi completed, dated Artic (Agricultural Holdings)	le 12 Certificate	

14. Declaration		
I/we hereby apply for planning permission/consinformation.	sent as described in th	his form and the accompanying plans/drawings and additional
Signed - Applicant:	Or signed - Agen):	Date (DD/MM/YYYY):
		16/04/2019 (date cannot be pre-application
15. Applicant Contact Details		16. Agent Contact Details
Telephone numbers		Telephone numbers
Country code: National number:	Extension number:	Country code: National number: Extension number:
Country code: Mobile number (optional):		Country code: Mobile number (optional):
Country code: Fax number (optional):		Country code: Fax number (optional):
Email address (optional):		Email address (optional):
17. Site Visit		
Can the site be seen from a public road, public fo	ootpath, bridleway or	r other public land? Yes No
if the planning authority needs to make an appo out a site visit, whom should they contact? <i>(Plea</i> :	intment to carry	Agent Applicant Other (if different from the
lf Other has been selected, please provide:		agent/applicant's details)
Contact name:		Telephone number:
Lary agreement to the state of		
Email address:		