

Application for Planning Permission. Town and Country Planning Act 1990

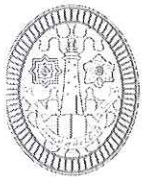
Privacy Notice

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 and 'The Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended).

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.

On 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

COUNCIL OF THE ISLES OF SCILLY

Planning Department

Town Hall, The Parade, St Mary's, Isles of Scilly, TR21 0LV

☎ 01720 424350

✉ planning@scilly.gov.uk

Publishing 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 further clarification, please contact the Local Planning Authority directly.

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.

1. Applicant 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:

TR21 0PZ

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:

Please describe the proposed development, including any change of use:

REPLACE EXISTING WINDOWS WITH NEW ONES,
NEW SHOP WINDOWS TO GROUND FLOOR AND NEW SASH
WINDOW TO FIRST FLOOR,

Has the building, work or change of use already started?

Yes

No

Yes, please state the date when building,
work or use were started (DD/MM/YYYY):

(date must be pre-application submission)

Has the building, work or change of use been completed?

Yes

No

Yes, please state the date when the building, work
or change of use was completed: (DD/MM/YYYY):

(date must be pre-application submission)

Reference no. of permission in principle being
relied on (technical details consent applications only):

4. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

Description of location or a grid reference.
(must be completed if postcode is not known):

Easting: Northing:

Description:

5. 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:

Reference:

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

Details of pre-application advice received?

Is a new or altered vehicle access proposed to or from the public highway? Yes No

Is a new or altered pedestrian access proposed to or from the public highway? Yes No

Are there any new public roads to be provided within the site? Yes No

Are there any new public rights of way to be provided within or adjacent to the site? Yes No

Do the proposals require any diversions, extinguishments and/or creation of rights of way? Yes No

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan(s)/drawing(s)

Do the plans incorporate areas to store and aid the collection of waste? Yes No

If Yes, please provide details:

Have arrangements been made for the separate storage and collection of recyclable waste? Yes No

If Yes, please provide details:

CONTINUE WITH EXISTING ARRANGEMENTS

Authority Employee / Member

is an important principle of decision-making that the process is open and transparent. For the purposes of this question, "related to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would include that there was bias on the part of the decision-maker in the local planning authority.

Do any of the following statements apply to you and/or agent? Yes No 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

Yes, please provide details of their name, role and how you are related to them.

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			<input type="checkbox"/>	<input type="checkbox"/>
Roof			<input type="checkbox"/>	<input type="checkbox"/>
Windows	WOOD AND GLASS	WOOD AND GLASS	<input type="checkbox"/>	<input type="checkbox"/>
Doors	WOOD AND GLASS	WOOD AND GLASS	<input type="checkbox"/>	<input type="checkbox"/>
Boundary treatments e.g. fences, walls)			<input type="checkbox"/>	<input type="checkbox"/>
Vehicle access and yard-standing			<input type="checkbox"/>	<input type="checkbox"/>
Lighting			<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify)			<input type="checkbox"/>	<input type="checkbox"/>

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Yes No

Yes, please state references for the plan(s)/drawing(s)/design and access statement:

PROPOSED NEW PLAN FOR NEW WINDOWS
EXISTING PLAN
TITLE PLAN II CL228933

WINDOW DETAIL PLANS
PREVIOUS PLANNING DOX
SHOWING PERMISSION GRANTED
ON PREVIOUS APPLICATION

J. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Difference in spaces
Cars			
Light goods vehicles/ public carrier vehicles			
Motorcycles			
Disability spaces			
Cycle spaces			
Other (e.g. Bus)			
Other (e.g. Bus)			

Please state how foul sewage is to be disposed of:

- Mains sewer
- Cess pit
- Septic tank
- Other
- Package treatment plant

Are you proposing to connect to the existing drainage system? Yes No

Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

- Yes
- No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes No

Will the proposal increase the flood risk elsewhere? Yes No

How will surface water be disposed of?

- Sustainable drainage system
- Existing watercourses
- Soakaway
- Pond/lake
- Main sewer

3. Biodiversity and Geological Conservation

To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.

Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

Protected and priority species:

- Yes, on the development site
- Yes, on land adjacent to or near the proposed development
- No

Designated sites, important habitats or other biodiversity features:

- Yes, on the development site
- Yes, on land adjacent to or near the proposed development
- No

Features of geological conservation importance:

- Yes, on the development site
- Yes, on land adjacent to or near the proposed development
- No

5. Trees and Hedges

Are there trees or hedges on the proposed development site? Yes No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? Yes No

Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should

14. Existing Use

Please describe the current use of the site:

RETAIL SHOPS

Is the site currently vacant? Yes No

If Yes, please describe the last use of the site:

When did this use end (if known)? DD/MM/YYYY

(date where known may be approximate)

Does the proposal involve any of the following?

If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated? Yes No

Land where contamination is suspected for all or part of the site? Yes No

A proposed use that would be particularly vulnerable to the presence of contamination? Yes No

16. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? Yes No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

Does your proposal include the gain, loss or change of use of residential units: Yes No
 Yes, please complete details of the changes in the tables below:

Proposed Housing							
Market housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input type="checkbox"/>						b
Sheltered housing	<input type="checkbox"/>						c
Bedsit/studios	<input type="checkbox"/>						d
Cluster flats	<input type="checkbox"/>						e
Other	<input type="checkbox"/>						f
Totals (a+b+c+d+e+f)=							A

Social, Affordable or Intermediate Rent							
Market housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input type="checkbox"/>						b
Sheltered housing	<input type="checkbox"/>						c
Bedsit/studios	<input type="checkbox"/>						d
Cluster flats	<input type="checkbox"/>						e
Other	<input type="checkbox"/>						f
Totals (a+b+c+d+e+f)=							B

Affordable Home Ownership							
Market housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input type="checkbox"/>						b
Sheltered housing	<input type="checkbox"/>						c
Bedsit/studios	<input type="checkbox"/>						d
Cluster flats	<input type="checkbox"/>						e
Other	<input type="checkbox"/>						f
Totals (a+b+c+d+e+f)=							C

Starter Homes							
Market housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input type="checkbox"/>						b
Bedsit/studios	<input type="checkbox"/>						c
Other	<input type="checkbox"/>						d
Totals (a+b+c+d)=							D

Self Build and Custom Build							
Market housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input type="checkbox"/>						b
Bedsit/studios	<input type="checkbox"/>						c
Other	<input type="checkbox"/>						d
Totals (a+b+c+d)=							E

Total proposed residential units (A+B+C+D+E)=	
--	--

Existing Housing							
Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats/maisonettes	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Other	<input type="checkbox"/>						
Totals (a+b+c+d+e+f)=							

Social, Affordable or Intermediate Rent							
Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats/maisonettes	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Other	<input type="checkbox"/>						
Totals (a+b+c+d+e+f)=							

Affordable Home Ownership							
Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats/maisonettes	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Other	<input type="checkbox"/>						
Totals (a+b+c+d+e+f)=							

Starter Homes							
Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats/maisonettes	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Other	<input type="checkbox"/>						
Totals (a+b+c+d)=							

Self Build and Custom Build							
Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats/maisonettes	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Other	<input type="checkbox"/>						
Totals (a+b+c+d)=							

Total existing residential units (F+G+H+I+J)=	
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Does your proposal involve the loss, gain or change of use of non-residential floorspace? Yes No

If you have answered Yes to the question above please add details in the following table:

Use class/type of use	Not applicable	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following development (square metres)
A1	<input type="checkbox"/>				
Shops	<input type="checkbox"/>				
Net tradable area:	<input type="checkbox"/>				
A2	<input type="checkbox"/>				
Financial and professional services	<input type="checkbox"/>				
A3	<input type="checkbox"/>				
Restaurants and cafes	<input type="checkbox"/>				
A4	<input type="checkbox"/>				
Drinking establishments	<input type="checkbox"/>				
A5	<input type="checkbox"/>				
Hot food takeaways	<input type="checkbox"/>				
B1 (a)	<input type="checkbox"/>				
Office (other than A2)	<input type="checkbox"/>				
B1 (b)	<input type="checkbox"/>				
Research and development	<input type="checkbox"/>				
B1 (c)	<input type="checkbox"/>				
Light industrial	<input type="checkbox"/>				
B2	<input type="checkbox"/>				
General industrial	<input type="checkbox"/>				
B8	<input type="checkbox"/>				
Storage or distribution	<input type="checkbox"/>				
C1	<input type="checkbox"/>				
Hotels and halls of residence	<input type="checkbox"/>				
C2	<input type="checkbox"/>				
Residential institutions	<input type="checkbox"/>				
D1	<input type="checkbox"/>				
Non-residential institutions	<input type="checkbox"/>				
D2	<input type="checkbox"/>				
Assembly and leisure	<input type="checkbox"/>				
OTHER	<input type="checkbox"/>				
Please specify	<input type="checkbox"/>				
Total					

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

Use class	Type of use	Not applicable	Existing rooms to be lost by change of use or demolition	Total rooms proposed (including changes of use)	Net additional rooms
C1	Hotels	<input type="checkbox"/>			
C2	Residential Institutions	<input type="checkbox"/>			
OTHER		<input type="checkbox"/>			
Please specify		<input type="checkbox"/>			

9. Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent
Existing employees			
Proposed employees			

10. Hours of Opening

known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not known

11. Site Area

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

Is the proposal a waste management development? Yes No

If the answer is Yes, please complete the following table:

	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	Maximum annual operational throughput in tonnes (or litres if liquid waste)
Inert landfill	<input checked="" type="checkbox"/>		
Non-hazardous landfill	<input checked="" type="checkbox"/>		
Hazardous landfill	<input checked="" type="checkbox"/>		
Energy from waste incineration	<input checked="" type="checkbox"/>		
Other incineration	<input checked="" type="checkbox"/>		
Landfill gas generation plant	<input checked="" type="checkbox"/>		
Pyrolysis/gasification	<input checked="" type="checkbox"/>		
Metal recycling site	<input checked="" type="checkbox"/>		
Transfer stations	<input checked="" type="checkbox"/>		
Material recovery/recycling facilities (MRFs)	<input checked="" type="checkbox"/>		
Household civic amenity sites	<input checked="" type="checkbox"/>		
Open windrow composting	<input checked="" type="checkbox"/>		
In-vessel composting	<input checked="" type="checkbox"/>		
Anaerobic digestion	<input checked="" type="checkbox"/>		
Any combined mechanical, biological and/or thermal treatment (MBT)	<input checked="" type="checkbox"/>		
Sewage treatment works	<input checked="" type="checkbox"/>		
Other treatment	<input checked="" type="checkbox"/>		
Recycling facilities construction, demolition and excavation waste	<input checked="" type="checkbox"/>		
Storage of waste	<input checked="" type="checkbox"/>		
Other waste management	<input checked="" type="checkbox"/>		
Other developments	<input checked="" type="checkbox"/>		

Please provide the maximum annual operational throughput of the following waste streams:

Municipal	
Construction, demolition and excavation	
Commercial and industrial	
Hazardous	

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

3. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below? Yes No Not applicable

Yes, please provide the amount of each substance that is involved:

Acrylonitrile (tonnes) <input type="text"/>	Ethylene oxide (tonnes) <input type="text"/>	Phosgene (tonnes) <input type="text"/>
Ammonia (tonnes) <input type="text"/>	Hydrogen cyanide (tonnes) <input type="text"/>	Sulphur dioxide (tonnes) <input type="text"/>
Bromine (tonnes) <input type="text"/>	Liquid oxygen (tonnes) <input type="text"/>	Flour (tonnes) <input type="text"/>
Chlorine (tonnes) <input type="text"/>	Liquid petroleum gas (tonnes) <input type="text"/>	Refined white sugar (tonnes) <input type="text"/>

Other:

Other:

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 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)

[Redacted Signature]

[Redacted Signature]

03/10/2019

CERTIFICATE OF OWNERSHIP - CERTIFICATE B

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 14 days before the date of this application, was the owner* and/or agricultural tenant** of any part of the land or building to which the application relates.

*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run.

**agricultural tenant has the meaning given in section 65(8) of the Town and Country Planning Act 1990

Name of Owner / Agricultural Tenant	Address	Date Notice Served

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY)

[Redacted Signature]

[Redacted Signature]

[Redacted Date]

CERTIFICATE OF OWNERSHIP - CERTIFICATED

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

I certify/ The applicant certifies that:

Neither Certificate A or B can be issued for this application

All reasonable steps have been taken to find out the names and addresses of the other owners* and/or agricultural tenants** of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.

*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run.

**agricultural tenant has the meaning given in section 65(8) of the Town and Country Planning Act 1990

The steps taken were:

Name of Owner / Agricultural Tenant	Address	Date Notice Served

Notice of the application has been published in the following newspaper circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY)

CERTIFICATE OF OWNERSHIP - CERTIFICATED

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

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* and/or agricultural tenant** of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run.

**agricultural tenant has the meaning given in section 65(8) of the Town and Country Planning Act 1990

The steps taken were:

Notice of the application has been published in the following newspaper circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY)

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:

The correct fee:

The original and 3 copies* of the plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North:

The original and 3 copies* of a design and access statement, if required (see help text and guidance notes for details):

The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:

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.

6. 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/YYYY):

[Redacted Signature]

[Redacted Signature]

03/10/2019

(date cannot be pre-application)

7. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

28. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

9. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land? Yes No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)

Agent Applicant Other (if different from the agent/applicant's details)

Other has been selected, please provide:

Contact name:

Telephone number:

Email address: [Redacted]