



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, St Mary's, Isles of Scilly, TR21 0LW

©01720 424455

Aplanning@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.

| Applicant Name and Address | | | | 2. Agent Na | 2. Agent Name and Address | | |
|----------------------------|---------------|-----------------------|---------------|------------------------|---------------------------|---------------|--|
| Tîtle: | Mr | First name: | James | Tîtle: | First name: | | |
| Last name: | Faulconbridge | | Last name: | | | | |
| Company (optional): | | | | Company (optional): | | | |
| Unit: | | House number: | House suffix: | Unit: | House number: | House suffix: | |
| House name: | St Marti | n's Vineyard | | House name: | | | |
| Address 1: | Cruthe | r's Neck | | Address 1: | , | · | |
| Address 2: | Higher ' | Town | | Address 2: | | | |
| Address 3: | | | | Address 3: | ē <u>.</u> | | |
| Town: | St Marti | in's, Isles of Scilly | / | Town: | | | |
| County: | Cornwa | II | | County: | | | |
| Country: | | | | Country: | | | |
| Postcode: | TR25 0Q | L | | Postcode: | | | |

Version 2018

| riease piov | ide the full postal address of the application site. | I i ios assistance or prior acrice secri sought from the rotal | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Unit: | House number: House suffix: | authority about this application? | | | | | | |
| House name: | St Martin's Vineyard | If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this | | | | | | |
| Address 1: | Cruther's Neck | application more efficiently). Please tick if the full contact details are not | | | | | | |
| Address 2: | Higher Town | known, and then complete as much as possible: | | | | | | |
| Address 3: | | Officer name: | | | | | | |
| Town: | St Martin's, Isles of Scilly | | | | | | | |
| County: | Cornwall | Reference: | | | | | | |
| Postcode (optional): | TR25 OQL | Date (DD/MM/YYYY): | | | | | | |
| Description | of location or a grid reference. Ompleted if postcode is not known): | (must be pre-application submission) Details of pre-application advice received? | | | | | | |
| | 93347 Northing: 15461 | Lisa provided advice on the process by which a | | | | | | |
| Description | | modification of condition could be requested. | | | | | | |
| | | | | | | | | |
| <u> </u> | | | | | | | | |
| 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: Change of use of land, for the siting of a temporary yurt, in connection with the construction of the staff accommodation dwelling (P/19/060/FUL) and holiday let units (P/19/059/FUL) | | | | | | | | |
| | | | | | | | | |
| Reference r | | decision (DD/MM/YYYY): 19/12/2019 (date must be pre-application submission) | | | | | | |
| Please state | e the condition number(s) to which this applicati C3 | tion relates: | | | | | | |
| 2. | | 7. | | | | | | |
| 3, | | 8. | | | | | | |
| 4. | | 9. | | | | | | |
| 5, | | 10. | | | | | | |
| | velonment already started? | ✓ Yes No | | | | | | |
| | Has the development already started? If Yes, please state when the development started (DD/MM/YYYY): 7-3-20 (date must be pre-application submission) | | | | | | | |
| Has the de | Has the development been completed? ✓ Yes No | | | | | | | |
| If Yes, please state when the development was completed (DD/MM/YYYY): 14-3-20 (date must be pre-application submission) | | | | | | | | |
| 6. Condi | tion(s) - Removal | | | | | | | |
| | e why you wish the condition(s) to be removed of | | | | | | | |
| COVID as affected the timescale of the projects to which the temporary permission relates - we would like to request additional time for us to use the yurt as a temporary dwelling in order to allow us to complete the second holiday let unit (approved in P/19/059/FUL) and construct a staff dwelling (approved in P/19/060/FUL) which will render the yurt and temporary land use change redundant. | | | | | | | | |
| L | If you wish the existing condition to be changed, please state how you wish the condition to be varied: | | | | | | | |
| We would like the Condition to be changed such that the temporary chance in land use is valid for four years rather than the two specified in the Condition. | | | | | | | | |
| | | | | | | | | |

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:

Date (DD/MM/YYYY):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

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 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.

** "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:

| Town and Country Planning (Develope I certify/ The applicant certifies that: Neither Certificate A or B can be issued the land or building, or of a part of it, both the land or building, or of a part of it, both the land or building, or of a part of it, both the land or building, or of a part of it, both the land or building, or of a part of it, both the land or building, or of a part of it, both the land or building, or of a part of it, both the land or building, or of a part of it, both the land or building, or of a part of it, both the land or building it is a person with a freehold interest or leaves the land or building. | ment Management Procedure) of d for this application to find out the names and address out I have/ the applicant has been transehold interest with at least 7 year | ses of the other owners* and unable to do so. rs left to run. | |
|--|--|---|---|
| The steps taken were: | 300000000000000000000000000000000000000 | | ************************************** |
| | | 20 | |
| Name of Owner / Agricultural Tenant | Addres | ss | Date Notice Served |
| | | | |
| | 3 | | |
| | | | |
| | | | |
| Notice of the application has been published in (circulating in the area where the land is situated) | | | e (which must not be earlier he date of the application): |
| Signed - Applicant: | Or signed - Agent: | | Date (DD/MM/YYYY): |
| agried - Applicant | Of agrical rigens | | Date (Doming 111) |
| Town and Country Planning (Developed I certify/ The applicant certifies that: Certificate A cannot be issued for this a All reasonable steps have been taken to date of this application, was the owner have/ the applicant has been unable to a "owner" is a person with a freehold interest or less "agricultural tenant" has the meaning given in the steps taken were: | application o find out the names and address * and/or agricultural tenant** of a to do so. asehold interest with at least 7 year. | es of everyone else who, or any part of the land to whice selft to run. | the day 21 days before the |
| | | | |
| Notice of the application has been published in (circulating in the area where the land is situate | | | e (which must not be earlier the date of the application): |
| Signed - Applicant: | Or signed - Agent: | | Date (DD/MM/YYYY): |
| | | | |

| 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: | 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 drawings or information necessary to describe the subject of the application: | | | | | | |
| The correct fee: |] | | | | | |
| "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 - Agent | not be | | | | | |
| Telephone numbers Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): | Telephone numbers Country code: National number: Extension number: 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 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) If Other has been selected, please provide: Contact name: Telephone number: | | | | | | |
| Email address: | | | | | | |