

If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply

Application for a Lawful Development Certificate for an Existing use or operation or activity including those in breach of a planning condition.

Town and Country Planning Act 1990: Section 191 as amended by section 10 of the Planning and Compensation Act 1991.

Town and Country Planning (Development Management Procedure)

Privacy Notice

(England) Order 2015

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.

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:

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.

1. Applic	ant Name and Address	2. Agent Name and Address				
Title:	MRS First name: MANDY	Title: First name:				
Last narne:	SENIOR	Last name:				
Company (optional):	'.	Company (optional):				
Unit:	House House suffix:	Unit: House House suffix:				
House name:	NORNOUR	House name:				
Address 1:	MOUNT FLAGON	Address 1:				
Address 2:		Address 2:				
Address 3:		Address 3:				
Town:	ST. MARY'S	Town:				
County:	ISLES OF SCILLY	County:				
Country:	ENGLAND	Country:				
Postcode:	TRZI ONE	Postcode:				
		Version 2018.1				

	ils) (4. Pre-ap	4. Pre-application Advice							
Please provide the full pos	stal address of the application site.		Has assistance or prior advice been sought from the local							
I Init	puse House suffix:	authority about this application? Yes No								
House name: NORNO	OUR	you were gi	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this							
Address 1: MOUNT	FLAGON		application more efficiently). Please tick if the full contact details are not							
Address 2:		_ 1	known, and then complete as much as possible:							
Address 3:		111	Officer name:							
Town: S.T. M	ARY'S	Reference:	ANDREW KING.							
County: ISKES	OF SCILLY		Neierence.							
Postcode (optional): TRAL O Description of location or	NE. a grid reference.		Date (DD/MM/YYYY): (must be pre-application submission)							
(must be completed if po		-116	re-application							
Easting:	Northing:		REQUIREMENTS BEFORE							
Description:	141	_ SOBM	SUBMITTING APPLICATION.							
APARTMENT.										
	25				is 1					
C Louis I Daniel	and Caraidiana Indonesia la Lor									
Please state the applicant	lent Certifica te - Interest In Lar 's interest in the land:	iu								
Owner: Yes	No Lessee:	Yes No		Occupier:	Yes	No				
				occupier.	V les] NO				
If Yes to Lessee or Occup	pier please give details of the owner an		ey have been	1.000						
If Yes to Lessee or Occup			ey have been	1.000		pplication:				
	oier please give details of the owner an	d state whether th Address	N,	informed in	writing of this ap Have they bee	oplication: en informed e application				
Name	oier please give details of the owner and NORMOUR, MOUR	d state whether th Address	N,	informed in	writing of this ap Have they bee	oplication: en informed e application				
Name MOUNT FLAGO MANAGEMENT COM	oier please give details of the owner and NORMOUR, MOUR	Address T FLAGO LES OF SU	N, LLY TRO	informed in	writing of this ap Have they bee	oplication: en informed e application				
Name MOUNT FLAGO MANAGEMENT COM	oier please give details of the owner and NORMOUR, MOUN ST. MARY'S, ISI	Address T FLAGO LES OF SU	N, LLY TRO	informed in the land:	writing of this ap Have they bee	oplication: en informed e application No				
Name MOUNT FLAG MANAGEMENT COM If No to all the above, pla	Dier please give details of the owner and on MORNOUR, MOUNTERPARY'S, ISINGERS OF ST. MARY'S, ISINGERS OF ST. MARY'S OF ST. MARY'S OF ST. MARY'S OF ST. MARY'S, ISINGERS OF ST. MARY'S OF ST. M	Address T FLAGO FS OF SQ you know who has State the nature of their interest	s an interest in State wheth have been in about this ap	informed in the land: her they informed oplication	writing of this ap Have they bee in writing of th Yes If No, ple	oplication: en informed e application No				
Name MOUNT FLAG MANAGEMENT COM If No to all the above, pla	Dier please give details of the owner and on MORNOUR, MOUNTERPARY'S, ISINGERS OF ST. MARY'S, ISINGERS OF ST. MARY'S OF ST. MARY'S OF ST. MARY'S OF ST. MARY'S, ISINGERS OF ST. MARY'S OF ST. M	Address T FLAGO FS OF SQ you know who has State the nature of their interest	s an interest in State wheth have been in about this ap	informed in the land: her they informed oplication	writing of this ap Have they bee in writing of th Yes If No, ple	oplication: en informed e application No				
Name MOUNT FLAG MANAGEMENT COM If No to all the above, pla	Dier please give details of the owner and on MORNOUR, MOUNTERPARY'S, ISINGERS OF ST. MARY'S, ISINGERS OF ST. MARY'S OF ST. MARY'S OF ST. MARY'S OF ST. MARY'S, ISINGERS OF ST. MARY'S OF ST. M	Address T FLAGO FS OF SQ you know who has State the nature of their interest	s an interest in State wheth have been in about this ap	informed in the land: her they informed oplication	writing of this ap Have they bee in writing of th Yes If No, ple	oplication: en informed e application No				

6. Authority Employee / Member It is an important principle of decision-making that the means related, by birth or otherwise, closely enough the conclude that there was bias on the part of the decision	at a fair-minded	d and informed obse	erver, having considered the facts, would
Do any of the following statements apply to you and/or	r agent? 🔲 Ye	es 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
If Yes, please provide details of their name, role and ho	w you are relat	ed to them.	,
ÿ) 12 ²			•
7. Description of Use, Building Works or Ac	tivity)	8. Description of	f Existing Use, Building Works or Activity
Please state for which of these you need a lawful devel certificate/building works (you must tick at least one o	opment	What is the existin	g site use(s) for which the certificate of groupht? Please fully describe each use and
An existing use: Yes	No No		the land the use relates to:
Existing building works:	No		HAS BEEN USED AS
An existing use, building work or activity in breach of a condition:	☐ No	A RESIDE	OF LAFARS.
Being a use, building works or activity which is still goindate of this application If Yes to either 'an existing use' or 'an existing use in condition', please state which one of the Use Classes and Country Planning (Use Classes) Order 1987 (as an use relates to:	breach of a		
9. Grounds For Application For A Lawful De	evel opme nt	Certificate	11
Please state under what grounds is the certificate sought. The use began more than 10 years before the date. The use, building works or activity in breach of cor. The use began within the last 10 years, as a result change of use requiring planning permission in th. The building works (for instance, building or enging of this application. The use as a single dwelling house began more than Other - please specify (this might include claims to from planning permission granted under the Act of the certificate is sought on 'Other' grounds please given.	e of this applica ndition began re t of a change of e last 10 years. neering works) an four years be hat the change or by the General	tion. nore than 10 years being use not requiring were substantially conferred the date of this of use or building were substantially conferred.	planning permission, and there has not been a ompleted more than four years before the date application. Work was not development, or that it benefited
If applicable, please give the reference number of any	existing plannin	ng permission, lawfu	Il development certificate or enforcement
notice affecting the application site. Include its date a Reference Condition Number: Number:	nd th e num ber	of any condition be Date (DD/MM/	ing breached:
Please state why a Lawful Development Certificate sho	uld be granted	. 2 2 2	ppiloadon submission)
Please see attatched sheet.			

Does the application	for a Co	- ertificat	e relat	e to a r			Certificate (Continue the number of resident						No
If Yes, please complet		osed l			the end of the state of the second			Exist	ing H	ousir	ıg		
		Numb	per of E	Bedroo	ms I	Total		Number of Bedrooms Total					
	1	2	3	4+	Unknown	Total		1	2	3	4+	Unknown	
Market Housing						- 11	Market Housing					3	
Houses						3.7	Houses						Ži.
Flats & Maisonettes						di	Flats & Maisonettes						ħ
Live-Work Units						sil	Live-Work Units						V.
Cluster Flats						100	Cluster Flats						
Sheltered Housing						. 1	Sheltered Housing						31
Bedsit/Studios							Bedsit/Studios						į.
Unknown						.,,	Unknown		•				g
Market Hou	sing T	otal (a	+ b + c	+ d + 6	e + f + g) =		Market Hou	sing T	otal (a	+ b + c	+ d + e	+ f + g) =	L
Social Rented Housing	1	2	3	4+	Unknown		Social Rented Housing	1	2	3	4+	Unknown	
Houses							Houses						.7
Flats & Maisonettes			-				Flats & Maisonettes						h
Live-Work Units				-	+		Live-Work Units						
	-						Cluster Flats						77
Cluster Flats													
Sheltered Housing				-		F	Sheltered Housing						10
Bedsit/Studios		-	-				Bedsit/Studios		-				
Unknown	<u> </u>	<u> </u>		1	1	L. U	Unknown	. 104			20 20 10 10	()	37
Social Rented Hou	sing T	otal (a	+ b + c	+ d + 6	e + f + g) =	nl i	Social Rented Hou	sing I	otal (a	+ b + c	+ d + 6	e + f + g) =	1
Intermediate Housing	1	2	3	4+	Unknown		Intermediate Housing	1	2	3	4+	Unknown	
Houses						.11	Houses						-37
Flats & Maisonettes						78	Flats & Maisonettes						12
Live-Work Units						1	Live-Work Units		0				ů.
Cluster Flats						ıέ	Cluster Flats						U.
Sheltered Housing						- 2	Sheltered Housing						iệ)
Bedsit/Studios							Bedsit/Studios						i
Unknown						IĮ.	Unknown						57
Intermediate Hou	sing To	otal (a	+ b + c	+ d + e	e + f + g) =		Intermediate Hou	sing T	otal (a	+ b + c	+ d + e	e + f + g) =	15
Key Worker Housing	1	2	3	4+	Unknown		Key Worker Housing	1	2	3	4+	Unknown	
Houses						- 1	Houses						a a
Flats & Maisonettes							Flats & Maisonettes						ō
Live-Work Units	-	-			-		Live-Work Units				 		
Cluster Flats			-				Cluster Flats						zł
Sheltered Housing			<u> </u>		-	7.	Sheltered Housing				-		je.
Bedsit/Studios	-	-	-				Bedsit/Studios		-		-		1/
		-					Unknown		-		+	 	
Unknown	in T	*al /a :	h	1 0 1 5	1 f 1 a)		Key Worker Hou	cine T	oral (a	+ 6 + 6	+ 4 + 4	$\frac{1}{2+f+\alpha}$) di 157
Key Worker Hous	ing Io	cal (a +	D+C-	+ (1 + 0	+ I + g) =		key worker Hou	sing I	olai (a	T D + C	+ u + 6	; + i + y) =	L 175
Proposed Hou	sing G	irand T	otal	(A + B	+ C + D) =		Existing Hou	sing G	rand T	otal	(E + F	+ G + H) =	
YOYS SETOSIS	Locc	-spre	DEALT	E/L) 110	UTC /D	224 U.21	wing Grand Total - Eviet	المصان	o Licin =	Crone	Total	١.	

	0
bmission)	
Yes	No
is the subject of this rs, please state exac	application. If tly when any
-	
	,
	=
Yes	No
	i.
	5
	is the subject of this ars, please state exac

11. Planning Application Requirements - Checklist	information in support of your proposal. Failure to submit all
information required will result in your application being deemed invested. The burden or proof in a Lawful Development Certificate is firmly with should be provided.	alid. It will not be considered valid until all information required by
The original and 3 copies* of a completed dated application form:	The original and 3 copies* of such evidence verifying the information included in the application as you can provide:
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:	The correct fee:
*National legislation specifies that the applicant must provide the original of four copies), unless the application is submitted electronically LPAs may also accept supporting documents in electronic format by provided their plant of the provided their plant is a contact their plant.	or, the LPA indicate that a smaller number of copies is required. cost (for example, on a CD, DVD or USB memory stick).
12. Declaration	
I/we hereby apply for a Lawful Development Certificate as described i information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.	
Signed - Ap∯li¢ant	Or signed - Agent
•	
Date (DD/MM/YYYY):	
29.05.19 (date cannot be pre-application submission)	
WARNING: The amended section 194 of the 1990 Act provides that it is an offence information with intent to deceive. Section 193(7) enables the author result of such false or misleading information.	
13. Applicant Contact Details	(14. Agent Contact Details
Telephone numbers	Telephone numbers
Extension	Extension
Country code: National number: number:	Country code: National number: number:
Country code: Mobile number (option:	Country code: Mobile number (optional):
Country code: Fax number (optional):	Country code: Fax number (optional):
Email address (optional):	Email address (optional):
15. 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
If Other has been selected, please provide:	agonia applicante a detaila)
Contact name:	Telephone number:
	14
out a site visit, whom should they contact? (Please select only one)	Agent Applicant Other (if different from the agent/applicant's details)

Email address: