



COUNCIL of the ISLES OF SCILLY

PLANNING & DEVELOPMENT DEPARTMENT

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

P/12/121

Telephone: [01720] 424350
Fax: [01720] 424317
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.

It is important that you read the accompanying guidance notes 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:

Postcode:

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:

3. Description of Proposed Works

Please describe the proposed works:

2 STOREY REAR EXTENSION FOR
BEDROOM & PLAYROOM ETC.

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? Yes No

If Yes, please state when the work was completed (DD/MM/YYYY):

(date must be pre-application submission)

4. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name: ROPER WALK

Address 1:

Address 2:

Address 3:

Town: ST MARYS

County: ISLES of Scilly

Postcode (optional): TR21 0NF

5. Pedestrian and Vehicle Access, Roads and Rights of Way

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

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

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

6. 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 possible:

Officer name: CRAIG DRYDEN

Reference:

Date (DD MM YYYY): OCT 2012
(must be pre-application submission)

Details of the pre-application advice received:
THOUGHT IT WAS ACCEPTABLE WITH MINOR AMENDMENTS INCLUDED IN THIS APPLICATION.

7. Trees and Hedges

Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development? Yes No

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? Yes No

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? Yes No

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
- Do any of these statements apply to you?
 Yes No

If Yes, please provide details of the name, relationship and role

AMY HIRON IS APPLICANT AND MY DAUGHTER

10. Materials

If 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	RENDERED SMOOTH	Ditto	<input type="checkbox"/>	<input type="checkbox"/>
Roof	SLATE	Ditto	<input type="checkbox"/>	<input type="checkbox"/>
Windows	TIMBER @ UPVC	Ditto	<input type="checkbox"/>	<input type="checkbox"/>
Doors	HARDWOODS	Ditto	<input type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)			<input type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard-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

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

BLOCK PLAN, EXISTING PLANS @ ELEVATIONS HJ-R-2
HJ-R-1
PROPOSED PLANS @ ELEVATIONS HJ-R-2A
HJ-R-1A