



**COUNCIL of the  
ISLES OF SCILLY**

PLANNING & DEVELOPMENT DEPARTMENT

P-13-006  
NMA2

P-13-000

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

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Application for a non-material amendment following a grant of planning permission.  
Town and Country Planning Act 1990

**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	2. Agent Name and Address
Title: <input type="text" value="MR"/> First name: <input type="text" value="DONALD"/>	Title: <input type="text" value="MR"/> First name: <input type="text" value="PAUL"/>
Last name: <input type="text" value="BARCLAY"/>	Last name: <input type="text" value="OSBORNE"/>
Company (optional): <input type="text"/>	Company (optional): <input type="text"/>
Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/>	Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/>
House name: <input type="text" value="DRACAENA"/>	House name: <input type="text" value="KAKORNA"/>
Address 1: <input type="text" value="CHURCH ST"/>	Address 1: <input type="text" value="HUGH ST"/>
Address 2: <input type="text"/>	Address 2: <input type="text"/>
Address 3: <input type="text"/>	Address 3: <input type="text"/>
Town: <input type="text" value="ST. MARY'S"/>	Town: <input type="text" value="ST. MARY'S"/>
County: <input type="text" value="ISLES OF SCILLY"/>	County: <input type="text" value="ISLES OF SCILLY"/>
Country: <input type="text" value="UK"/>	Country: <input type="text" value="UK"/>
Postcode: <input type="text" value="TR21 0NH"/>	Postcode: <input type="text" value="TR21 0LL"/>

### 3. 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:

### 4. 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 of advice (DD/MM/YYYY):

Details of pre-application advice received:

### 5. Eligibility

Do you, or the person on whose behalf you are making this application, have an interest in the part of the land to which this amendment relates?  Yes  No

**If you have answered No to this question, you cannot apply to make a non-material amendment.**

If you are not the sole owner, has notification under article 9 of the DMPO been given?  Yes  No  Not Applicable

**If you have answered No to this question, you cannot apply to make a non-material amendment.**

If you have answered Yes to this question, please give details of persons notified:

Person Notified	Address	Date of Notification

### 6. 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

## 7. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including application reference number and date of decision in the sections below. Please also provide the original application type:

PROPOSED ALTERATIONS INCLUDING CONSERVATORY, ENSUITE BATHROOM, PORCH AND EXTERNAL CLADDING.

Reference number:

P/13/006

Date of decision (DD/MM/YYYY):

21/3/13

What was the original application type?:  
(e.g. 'Full', 'Householder and Listed Building', 'Outline')

HOUSEHOLDER

For the purpose of calculating fees, which of the following best describes the original application type?

**Householder development:** development to an existing dwelling-house or development within its curtilage

**Other:** anything not covered by the above category

## 8. Non-Material Amendment(s) Sought

Please describe the non-material amendment(s) you are seeking to make:

AMENDMENT TO RAISE THE HEIGHT OF THE RIDGE AND EAVES BY 300MM FROM THE PROPOSED PLANS.

Are you intending to substitute amended plans or drawings?  Yes  No

If Yes, please complete the following:

Old plan/drawing number(s):

DR-PA-4a.

New plan/drawing number(s):

DR-AMR-26

Please state why you wish to make this amendment:

DUE TO STRUCTURAL REQUIREMENTS OF LINTEL OVER DOOR AND ISSUES WITH FLOOR LEVEL - AN ADDITIONAL 300MM IS REQUIRED TO ALLOW A FULL SIZE DOOR TO FIT ON THE N/W ELEVATION.