

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

Telephone: [01720] 424350 Fax: [01720] 424317 planning@scilly.gov.uk

PLANNING & DEVELOPMENT DEPARTMENT

Householder Application for Planning Permission for works or extension to a dwelling and listed building consent. Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) 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 darification, please contact the Authority's planning department.

Please complete using block capitals and black ink.

1. Applicant Name and Address

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

2. Agent Name and Address

Title: Na First name: Richite	Title: First name:
Last name: CHRISTOPHER	Last name:
Company (optional):	Company (optional):
Unit: House number: 1 House suffix:	Unit: House number: House suffix:
House name: TRINITY COTTAGES	House name:
Address 1: GARRISON	Address 1:
Address 2: ST MAZYS	Address 2:
Address 3:	Address 3:
Town: ISLES OF SCILLY	Town:
County: Cornwall	County:
Country:	Country:
Postcode: TR21 OLS	Postcode:
3. Description of Proposed Works Please describe the proposed works: Exection of Truber summer of No. 1 Truber.	ER HOUSE TO THE REAR
	\$Date: 2013-04-30 #\$ \$Pevision: 5504 \$

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: 1 House suffix:	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
name: TRINITY CISTAGES Address 1: GARRISON	you were given. (This will help the authority to deal with this application more efficiently). Please tick if the full contact details are not
Address 2: & RENEYS	known, and then complete as much as possible:
Address 3:	Officer name:
Town: ISLES OF SCILLY	Peference:
County: Corouse	11-02-14 UERBAL
Postcode (optional):	Date (DD/MM/YYYY): (must be pre-application submission)
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?
Easting: Northing:	Discussion on REQUISELENTS
Description:	FOR APPLICATION ONLY
LAND TO THE REAR OF	
1 TRINSIEY - USED AS	
Wasser.	
2. 2. Low Low and Malala Access Decide and Dighte of Way	
6. Pedestrian and Vehicle Access, Roads and Rights of Way	7. Trees and Hedges Are there any trees or hedges on your own
Is a new or altered vehicle access proposed to or from the public highway? Yes No	property or on adjoining properties which are within falling distance of your proposed development?
Is a new or altered pedestrian access proposed to or from the public highway? Yes No	If Yes, please mark their position on a scaled plan and state the reference number of any plan(s)/drawing(s):
Do the proposals require any diversions, extinguishments and/or creation of public rights of way?	
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)	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.

	Existing (where applicable)	Proposed	Not applicable	Don' Knov
External walls		TIMBER		
Poof covering		ASPRALT SHUGH	E	
Chimney				
Windows		quass 1 singue		
External doors		TIMBER QUASS		
Ceilings				
Internal walls				
Hoors		TIMBER		
Internal doors				
Painwater goods		Pue		
Boundary treatments (e.g. fences, walls)				
Vehicle access and nard standing				
Lighting				
Others add description)		¥		
	ional information on submitted dra s)/drawing(s) references:	wings or plans? Yes 1 No		

9. Demolition	10. Listed Building Alterations
Does the proposal include the partial or total demolition of a listed building? Yes No	Do the proposed works include alterations to a listed building?
If Yes, which of the following does the proposal involve?	If Yes, do the proposed works include:
a) Total demolition of the listed building: Yes No	(you must answer each of the questions)
b) Demolition of a building within the curtilage of the listed building: Yes No	a) Works to the interior of the building? Yes No
c) Demolition of a part of the listed building: Yes No If the answer to c) is Yes:	b) Works to the exterior of the building? Yes No
i) What is the total volume of the listed building?(cubic metres)	c) Works to any structure or object fixed to the property (or buildings within
ii) What is the volume of the part to be demolished?(cubic metres)	its curtilage) internally or externally? Yes No
iii) What was the (approximate) date of the erection of the part to be removed? (MM/YYYY) (date must be pre-application submission)	d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)? Yes No
Please provide a brief description of the building or part of the building you are proposing to demolish:	If the answer to any of these questions is Yes, please provide plans, drawings, photographs sufficient to identify the location, extent and character of the items to be removed, and the proposal for their replacement, including any new means of structural support and state references for the plan(s)/drawing(s):
Why is it necessary to demolish or extend (as applicable) all or part of the building(s) and or structure(s)?	
11. Listed Building Grading	12. Immunity From Listing
Please state the grading (if known) of the building in the list of	Has a Certificate of Immunity from Listing been sought in respect of
	Has a Certificate of Immunity from Listing been sought in respect of this building?
Please state the grading (if known) of the building in the list of Buildings of Special Architectural or Historic interest? (Note: only	Has a Certificate of Immunity from Listing been sought in respect of this building? No Don't know
Please state the grading (if known) of the building in the list of Buildings of Special Architectural or Historic interest? (Note: only one box must be ticked)	Has a Certificate of Immunity from Listing been sought in respect of this building?
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Please state the grading (if known) of the building in the list of Buildings of Special Architectural or Historic interest? (Note: only one box must be ticked) Grade I	Has a Certificate of Immunity from Listing been sought in respect of this building? Yes No Pon't know If Yes, please provide the result of the application: 14. Authority Employee / Member With respect to the Authority, I am:
Please state the grading (if known) of the building in the list of Buildings of Special Architectural or Historic interest? (Note: only one box must be ticked) Grade I	Has a Certificate of Immunity from Listing been sought in respect of this building? Yes No Pon't know If Yes, please provide the result of the application: 14. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff (b) an elected member To any of these statements apply to you?
Please state the grading (if known) of the building in the list of Buildings of Special Architectural or Historic interest? (Note: only one box must be ticked) Grade I	Has a Certificate of Immunity from Listing been sought in respect of this building? Yes No Pon't know If Yes, please provide the result of the application: 14. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff Do any of these
Please state the grading (if known) of the building in the list of Buildings of Special Architectural or Historic interest? (Note: only one box must be ticked) Grade I	Has a Certificate of Immunity from Listing been sought in respect of this building? Yes
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15. Ownership Certificates and Agricultural Land Declaration 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 2010 Certificate under Article 12 & Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 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: Or signed - Agent: Date (DD/MM/YYYY): CERTIFICATE OF OWNERSHIP - CERTIFICATE B Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 & Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 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 Date Notice Served Address HUGH HOUSE, BY MARYS Ducuri of corowall ISUES OF SCILLY GOSSIMAN CAN TOWN WALL Housing officer systam 5-8 Coursein of 1.0. Scins ISLES OF SCILLY Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY):

20-02-14

15. Ownership Certificates and Agricultural Land Declaration (continued) CERTIFICATE OF OWNERSHIP - CERTIFICATE C Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 & Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 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 On the following date (which must not be earlier (circulating in the area where the land is situated): than 21 days before the date of the application): Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY): CERTIFICATE OF OWNERSHIP - CERTIFICATE D Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 & Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 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 Flanning Act 1990 The steps taken were: Notice of the application has been published in the following newspaper On the following date (which must not be earlier (circulating in the area where the land is situated): than 21 days before the date of the application): Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY): 16. 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 has been submitted. The original and 3 copies of a The original and 3 copies of a The correct fee: **2** design and access statement if completed and dated application form: proposed works fall within a The original and 3 copies of a plan which conservation area or The original and 3 copies of the identifies the land to which the application World Heritage Ste, or relate to a completed, dated Ownership relates drawn to an identified scale Listed Building: Certificate (A, B, Cor D - as and showing the direction of North: applicable) and Article 12 The original and 3 copies of other plans Certificate (Agricultural Holdings): 1 and drawings or information necessary to describe the subject of the application: 1

17. Declaration		
I/we hereby apply for planning permission/consent as described in information. I/we confirm that, to the best of my/our knowledge, an genuine opinions of the person(s) giving them.	this form and the accompanying plans/drawings and additional y facts stated are true and accurate and any opinions given are the	
Saned - Applicant: Or signed - Agent	: Date (DD/MM/YYYY):	
	20-02-14 (date cannot be pre-application)	
18. Applicant Contact Details	19. Agent Contact Details	
Telephone numbers	Telephone numbers	
Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	
20. Site Visit		
Can the site be seen from a public road, public footpath, bridleway of	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? (Hease select only one) Agent Agent Other (if different from the agent/applicant's details)		
If Other has been selected, please provide:		
Contact name:	Telephone number:	
Email address:		