

OLD WESLEYAN CHAPEL GARRISON LANE ST MARY'S

ISLES OF SCILLY TR21 0JD

2. Agent Name and Address

P-14-038

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

## PLANNING & DEVELOPMENT DEPARTMENT Application for Planning Permission.

## **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.

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.

Title: MR First name: HENT	Title: MR First name: FAUL
Last name: Rem FORD	Last name: OSBOENE
Company (optional):	Company (optional):
Unit: House House suffix:	Unit: House House suffix:
House APPLETREE COTTAGE	House NAVORNA
Address 1: Lower Town	Address 1: HUGH St
Address 2:	Address 2:
Address 3:	Address 3:
Town: St. MANTIES	Town: St. Maajs
County: ISLES OF Scilly	County: ISLES OF Schuy
Country: UV	Country: UU
Postcode: TR25 dQL	Postcode: TRZI ØLL
3. Description of the Proposal	
Please describe the proposed development, including any change of	use:
NEW STORAGE SHEW AND STOR	at
	Yes No
Has the building, work or change of use already started?  If Yes, please state the date when building, work or use were started (DD/MM/YYYY):	Yes INO (date must be pre-application submission)
If Yes, please state the date when building, work or use were started (DD/MM/YYYY):  Has the building, work or change of use been completed?	
If Yes, please state the date when building, work or use were started (DD/MM/YYYY):	(date must be pre-application submission)

4. Site Address Details	5. Pre-application Advice
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local
Unit: House House suffix:	authority about this application?
House Sunx:	If Yes, please complete the following information about the advice
name:	you were given. (This will help the authority to deal with this
Address 1: Louis Tour	application more efficiently).  Please tick if the full contact details are not
Address 2:	known, and then complete as much as possible:
Address 3:	Officer name:
Town: St. MARTINIS	
County: SLES OF SCILLY	Reference:
Postcode (125 -	
Description of location or a grid reference.	Date (DD/MM/YYYY):
(must be completed if postcode is not known):	(must be pre-application submission)
Easting: Northing:	Details of pre-application advice received?
Description:	
6. Pedestrian and Vehicle Access, Roads and Rights of Way	7. Waste Storage and Collection
Is a new or altered vehicle access proposed	Do the plans incorporate areas to store
to or from the public highway? Yes No	and aid the collection of waste?
Is a new or altered pedestrian	If Yes, please provide details:
access proposed to or from the public highway?	
Are there any new public roads to be provided within the site?	
Are there any new public	
rights of way to be provided within or adjacent to the site?	
Do the proposals require any diversions	
/extinguishments and/or	Have arrangements been made for the separate storage and
creation of rights of way?	collection of recyclable waste?
If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan	If Yes, please provide details:
(s)/drawings(s)	
8. Authority Employee / Member	
With respect to the Authority, I am: (a) a member of staff	Do any of these statements apply to you? Yes No
(b) an elected member	
(c) related to a member of staff (d) related to an elected member	v
If Yes, please provide details of the name, relationship and role	
The state of the name of the n	
1	t e

	te what materials are to be used ex Existing				Not applicable	Don't
	(where applicable)		Proposed			Know
Walls			YOUNGHINE BOY (HIT AND MISS	1		
Roof	8.		BIG 6 SHEE (BLACK)			
Windows					V	
Doors			WOOD PANE	2	⊡	
Boundary treatments (e.g. fences, walls)						
Vehicle access and hard-standing	Fran Trace Fran Trace.					
Lighting		LOW VOLTAGE				
Others (please specify)					<u></u>	
	tional information on submitted plences for the plan(s)/drawing(s)/de			ent? Yes	Ŀ	
0. Vehicle Parking						
	mation on the existing and propose	ed number of or	a-site narking snaces:			
Type of Vehicle		Total	proposed (including spaces retained)			
Cars			spaces retained) in spac			
Light goods vehic public carrier vehi	les/ cles					
Motorcycles	/	1.14				
Disability space	s	H				
Cycle spaces			**************************************			
Other (e.g. Bus)		1				
Other (e.g. Bus)						

11. Foul Sewage	10 Assessment of Flood Diele
.594	12. Assessment of Flood Risk
Please state how foul sewage is to be disposed of:  Mains sewer  Cess pit	Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local
Septic tank Other	planning authority requirements for information as necessary.)
Septic tank Other	Yes No
Package treatment plant	If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.
Are you proposing to connect to the existing drainage system?  Yes  No	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?
If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):	Will the proposal increase the flood risk elsewhere?
	How will surface water be disposed of?
NO TOILES TO BE	Sustainable drainage system Existing watercourse
LUSTRUES -	Soakaway Pond/lake
	Main sewer
13. Biodiversity and Geological Conservation	14. Existing Use
	Please describe the current use of the site:
To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological	STORAGE IM FIELD
conservation features may be present or nearby and whether they are likely to be affected by your proposals.	
Having referred to the guidance notes, is there a reasonable	
likelihood of the following being affected adversely or conserved	Is the site currently vacant? Yes No
and enhanced within the application site, or on land adjacent to or near the application site?	If Yes, please describe the last use of the site:
	$\mathbf{M}$
a) Protected and priority species:	
Yes, on the development site	
Yes, on land adjacent to or near the proposed development No	When did this use end (if known)? DD/MM/YYYY
b) Designated sites, important habitats or other biodiversity	(date where known may be approximate)
features:  Yes, on the development site	Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination assessment with your application.
Yes, on land adjacent to or near the proposed development	
No	
c) Features of geological conservation importance:	Land where contamination is suspected for all or part of the site?  Yes  No
Yes, on the development site	A proposed use that would
Yes, on land adjacent to or near the proposed development	be particularly vulnerable to the presence of contamination?
Ŭ No	to the presence of contamination.
15. Trees and Hedges	16. Trade Effluent
Are there trees or hedges on the	Does the proposal involve the need to
proposed development site? Yes No	dispose of trade effluents or waste? Yes No
And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the	If Yes, please describe the nature, volume and means of disposal of trade effluents or waste
development or might be important as part Yes Vool	of trade efficients of waste
If Yes to either or both of the above, you may need to provide a full	
Tree Survey, at the discretion of your local planning authority. If a	
Tree Survey is required, this and the accompanying plan should be	
Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning	
Tree Survey is required, this and the accompanying plan should be	

	Propo		Hou	eina				T	Poston	1		•		Printer of the last of the las	
		364					1		Exist	ing					
Market Housing	Not known	1	Num 2	ber o		rooms Unknowi	Total	Market Housing	Not	1	Num 2	ber o	f Bed 4+	rooms Unknowi	Tota
Houses			1		1		1	Houses		'	12	13	44	Unknow	n
Flats and maisonettes		$\top$	1	1	1		+	Flats and maisonettes			+	+-	+	+	+
Live-work units								Live-work units		_	+	+	+	+	+
Cluster flats							$\dagger \lnot \dagger$	Cluster flats			$\dagger$	+	+	+	+
Sheltered housing			T				$\top$	Sheltered housing			-	+	+	+	+
Bedsit/studios								Bedsit/studios			1	$\vdash$	+		+
Unknown type								Unknown type			$\vdash$	$\vdash$	$\vdash$	+	+
	T	otals	s (a +	b+c+	-d+e	+f+g)=			-	otals	(a+1)	b+c+	-d+6	e + f + g = 0	+
					Milkoule and		-						-	7.1.1.9/	
Social Rented	Not		_		7	ooms	Total	Social Rented	Not		Num	ber o	f Bed	rooms	Tota
Houses	known	1	2	3	4+	Unknown	+		known	1	2	3	4+	Unknown	1
		-	+	-	-	<del> </del>		Houses					_		
Flats and maisonettes Live-work units			┼	├	-		-	Flats and maisonettes				_			_
		-	┼	-	-		-	Live-work units					_		_
Cluster flats			┼	-			-	Cluster flats				_			_
Sheltered housing			┼	-	_		-	Sheltered housing				_	_		
Bedsit/studios			┼	-	_			Bedsit/studios							
						Unknown type									
Totals $(a+b+c+d+e+f+g) =$							-	Totals $(a+b+c+d+e+f+g) =$							
I. A	Not Number of Bedrooms				Bedro	ooms	Total		Not Number of Bedrooms Total					Tota	
	known	1	2	3		Unknown		Intermediate	known	1	2	3		Unknown	
Houses								Houses							
Flats and maisonettes								Flats and maisonettes							
Live-work units								Live-work units							
Cluster flats								Cluster flats							7
Sheltered housing								Sheltered housing							
Bedsit/studios								Bedsit/studios							
Unknown type								Unknown type							
	То	tals	(a+b	+ c +	d+e-	+f+g)=			То	tals	(a + b	+ c +	d+e	+f+g)=	O COLUMN TO SERVICE OF THE SERVICE O
			N I				<del>-</del>								
Key worker	Not nown	1	Numb 2	er of		Unknown	Total	Key worker	Not known	1	Numb 2	er of		ooms Unknown	Total
Houses								Houses		-			77	OTIKIOWN	
Flats and maisonettes								Flats and maisonettes							
Live-work units							$\neg \parallel$	Live-work units	$\exists$	$\neg$					
Cluster flats		$\neg$						Cluster flats	$\exists$	$\neg$					
Sheltered housing		$\neg$			$\neg$		$-\parallel$	Sheltered housing		$\neg$	$\neg$				
		$\neg$			$\neg$			Bedsit/studios	計	$\neg$					
Bedsit/studios		$\neg$	$\neg \uparrow$		$\neg$	$\neg \neg \uparrow$		Unknown type	計	$\dashv$		-			
Bedsit/studios Unknown type		-				COLUMN TO SERVICE STATE OF THE		- indicator type					-		
		tals (	a+b.	+ + + +	1+e+	f+a=			To	tals	a+h	+ +++	1+0.	+ ++0)-	
	Tot			+ c + c		+f+g)=	_  -	Total existing r				+c+	d+e	+f+g)=	

8				Non-resident ain or change of u	•		space? Yes	□No	
				estion above plea					
	Jse class/type		Not applicable	Existing gross internal floorspace (square metres)	Gross internation to be lost by use or de	al floorspace y change of emolition	Total gross internal floorspace proposed (including change of use)(square metres)	internal floorspace following development	
A1	S	hops							
	Net tradable area:								
A2	professio	ncial and onal services							
A3	Restaurar	nts and cafes							
A4	Drinking es	stablishments							
A5	Hot food	l takeaways							
B1 (a)		her than A2)							
B1 (b)		orch and							
B1 (c)	Light i	ndustrial							
B2	General	industrial							
B8	1	distribution		_			104 m2	104m2	
C1		nd halls of dence						101/6	
C2	Residentia	linstitutions							
D1		sidential autions							
D2									
OTHER									
Please Specify									
	Total						104m	104m2	
In add	dition, for ho	tels, residenti	al inst	itutions and hos	tels, please add		icate the loss or gain of		
Use class	Type of use	Man Ir	Existin	ng rooms to be lo of use or demo	st by change	Total rooms	s proposed (including anges of use)	Net additional rooms	
C1	Hotels Residential						,		
- (2	Institutions								
OTHER									
Please Specify									
9. Em	ployment								
Please co	mplete the f	ollowing infor	rmatio	on regarding em	ployees:	_/			
				Full-time	Parte	time		l full-time uivalent	
	sting employ								
Proposed employees									
	irs of Ope		,				-		
Please				each non-resider			Sunday and		
Use Monda				.o Friday	Saturday	Bank Holidays		Not known	
***************************************		_							
4 611									
1. Site						***************************************			
lease stat	te the site are	ea in hectares	(ha)						

22. Industrial or Commercial Processes and Machinery										
Please describe the activities and processes be carried out on the site and the end produ plant, ventilation or air conditioning. Please type of machinery which may be installed or	acts including include the									
Is the proposal a waste management develo	•	No								
If the answer is Yes, please complete the foll	If the answer is Yes, please complete the following table:									
	including engi	pacity of the void in cubic metres lineering surcharge and making i or cover or restoration material (o lid waste or litres if liquid waste)	no throughput in tonnes							
Inert landfill										
Non-hazardous landfill										
Hazardous landfill										
Energy from waste incineration										
Other incineration										
Landfill gas generation plant										
Pyrolysis/gasification			/							
Metal recycling site										
Transfer stations										
Material recovery/recycling facilities (MRFs)										
Household civic amenity sites										
Open windrow composting										
In-vessel composting										
Anaerobic digestion										
Any combined mechanical, biological and/ or thermal treatment (MBT)										
Sewage treatment works										
Other treatment										
Recycling facilities construction, demolition and excavation waste										
Storage of waste										
Other waste management										
Other developments										
Please provide the maximum annual operation	onal throughput of th	e following waste streams:								
Municipal										
Construction, demolition and ex										
Commercial and industri	al /									
Hazardous										
If this is a landfill application you will need to planning authority should make clear what ir	provide further information it requires	mation before your application on its website.	can be determined. Your waste							
23. Hazardous Substances										
Does the proposal involve the use or storage the following materials in the quantities state	of any of	□ Nat anni	0 1 the							
If Yes, please provide the amount of each sulp	/	No Not applied:	icable							
Acrylonitrile (tonnes)	Ethylene oxide (to		Phosgene (tonnes)							
Ammonia (tonnes)	Hydrogen cyanide (to	onnes)	Sulphur dioxide (tonnes)							
Bromine (tonnes)	Liquid oxygen (to	nnes)	Flour (tonnes)							
Chlorine (tonnes) Liqu	uid petroleum gas (to	ennes) Refi	ned white sugar (tonnes)							
Other:		Other:								
Amount (tonnes):		Amount (tonnes):								