COUNCIL of the

RECEIVED PLANNING DEPARTMENT

ISLES OF SCILLY G OCT 2014

PLANNING & DEVELOPMEN

OLD WESLEYAN CHAPEL **GARRISON LANE** ST MARY'S ISLES OF SCILLY P-14-043 TR21 0JD

Telephone: [01720] 424350 [01720] 424317

Fax: Email:

planning@scilly.gov.uk

Application for removal or variation of a condition following grant of planning permission.

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 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: MR	First name: PETER	Title:	First name:	
Last name: THO	hash	Last name:		
Company (optional):\	ECT HOUSE FLATS	Company (optional):		
I Init.	House number: House suffix:	Unit:	House number:	House suffix:
	ECT HODGE	House name:		
Address 1: WELL	ANE, HOCH TOWN	Address 1:		
Address 2:		Address 2:		
Address 3:		Address 3:		
Town:		Town:		
County: ISW	ES OF Scinny	County:		
Country:		Country:		
Postcode: イルス1	042	Postcode:		

3. Site Address Details	4. 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 number: House suffix:	authority about this application? Yes No				
House name: Maspect House FLATS	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1: WELL LANE	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: ANDREW KNG				
TOWN: HOCK TOWN	Reference:				
County: ST. MARY					
Postcode (optional): TRai 0#2	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:					
Description:					
5. Description Of Your Proposal Please provide a description of the approved development as shown on the decision letter, including the application reference number					
and date of decision in the sections below:	To the desident letter, modeling the application reference number				
THE CHANGE OF USE AND CONVERSION INTO ONE X ONE BEDROOM PERMANENT					
PLAT & TWO X ONE BEDROOM HOLIDAY FLATS AT PROSPECT HOUSE, WELL LANE,					
ST MARY'S.					
Reference number: P 2834 Date of decision (DD/MM/YYYY): 15 11/88 (date must be pre-application submission)					
Please state the condition number(s) to which this application relates:					
1.	6.				
2. Condition 2	7.				
3.	8.				
4.	9.				
5.	10.				
Has the development already started?	Yes No				
If Yes, please state when the development started (DD/MM/YYYY): (date must be pre-application submission)					
Has the development been completed?					
If Yes, please state when the development was completed (DD/MM/YYYY): OI / 1989 (date must be pre-application submission)					
6. Condition(s) - Removal					
Please state why you wish the condition(s) to be removed or changed:					
SEE SUBMITTED LETTER					
If you wish the existing condition to be changed, please state how you wish the condition to be varied:					