

# 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](http://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:	MR	First name:	NIGEL
Last name:	STEVENS		
Company (optional):	N/A		
Unit:		House number:	3
		House suffix:	
House name:			
Address 1:	PORTHCRESSA TERRACE		
Address 2:	RAMS VALLEY		
Address 3:			
Town:	ST. MARY'S		
County:	ISLES OF SCILLY		
Country:	UK		
Postcode:	TR21 0JW		

### 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:

REPLACEMENT WINDOWS AND DOOR TO FRONT ELEVATION OF THE PROPERTY.

RECEIVED BY THE  
PLANNING DEPARTMENT

09 MAR 2015

### 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:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

### 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:

Reference:

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

Details of the pre-application advice received:

### 8. Parking

Will the proposed works affect existing car parking arrangements? ☐ Yes ☒ No

If Yes, please describe:

### 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):

### 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.

### 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

**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			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Roof			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Windows	WHITE VERTICAL BOX SASH SLIDING WINDOWS WITH HORNS	UPVC WHITE VERTICAL SLIDING BOX SASH WINDOWS WITH HORNS	<input type="checkbox"/>	<input type="checkbox"/>
Doors	WHITE TIMBER DOOR & FRAME WITH GLASS FAN LIGHT	UPVC WHITE DOOR & FRAME WITH FAN LIGHT (OR IF PREFERRED HALF GLAZED - SEE PHOTO'S)	<input type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard-standing			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lighting			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Others (please specify)			<input checked="" 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: