



COUNCIL of the
ISLES OF SCILLY

PLANNING & DEVELOPMENT DEPARTMENT

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

P-15-037

Telephone: [01720] 424350
Fax: [01720] 424317
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

Title:	<input type="text" value="MR & MRS"/>	First name:	<input type="text" value="DAVID"/>
Last name:	<input type="text" value="MCNEIL"/>		
Company (optional):	<input type="text"/>		
Unit:	<input type="text"/>	House number:	<input type="text"/>
		House suffix:	<input type="text"/>
House name:	<input type="text" value="LOOMBE ORCHARD"/>		
Address 1:	<input type="text" value="MAPSTONE HILL"/>		
Address 2:	<input type="text" value="LILSTWIGH"/>		
Address 3:	<input type="text"/>		
Town:	<input type="text" value="NEWTON ABBOT"/>		
County:	<input type="text" value="DEVON"/>		
Country:	<input type="text" value="U.K."/>		
Postcode:	<input type="text" value="TQ13 9SE"/>		

2. Agent Name and Address

Title:	<input type="text"/>	First name:	<input type="text"/>
Last name:	<input type="text"/>		
Company (optional):	<input type="text"/>		
Unit:	<input type="text"/>	House number:	<input type="text"/>
		House suffix:	<input type="text"/>
House name:	<input type="text"/>		
Address 1:	<input type="text"/>		
Address 2:	<input type="text"/>		
Address 3:	<input type="text"/>		
Town:	<input type="text"/>		
County:	<input type="text"/>		
Country:	<input type="text"/>		
Postcode:	<input type="text"/>		

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PLANNING DEPARTMENT
28 APR 2015

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:		House suffix:	
House name:	PINE TREES				
Address 1:	THE TOWN				
Address 2:	BRYHER				
Address 3:					
Town:	ISLES OF SCILLY				
County:	CORNWALL				
Postcode (optional):	TR23 OPR				
Description of location or a grid reference. (must be completed if postcode is not known):					
Easting:		Northing:			
Description: Semi-detached property					

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:

LISA WALTON

Reference:

-

Date (DD/MM/YYYY):

(must be pre-application submission)

16 MAR 2015

Details of pre-application advice received?

Permission required to remove condition; worth making an application.

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:

Remove condition 11 from planning permission P/13/030/FUL. To allow separation of Pine Trees into x 2 properties

Reference number: P/13/030/FUL Date of decision (DD/MM/YYYY): 04 JUN 2013 (date must be pre-application submission)

Please state the condition number(s) to which this application relates:

1.	Condition 11	6.	
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?

☐ Yes ☒ No

If Yes, please state when the development was completed (DD/MM/YYYY):

(date must be pre-application submission)

6. Condition(s) - Removal

Please state why you wish the condition(s) to be removed or changed:

See attached.

If you wish the existing condition to be changed, please state how you wish the condition to be varied: