COUNCIL of the ISLES OF SCILL

PLANNING DEPARTMENT WESLEYAN CHAPEL 16 - 110

1 4 OCT 2016

2. Agent Name and Address

ST MARY'S ISLES OF SCILLY

TR21 0 JD

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

First name:

planning@scilly.gov.uk

PLANNING & DEVELOPMENT DEPARTMENT

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

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.

First name:

1. Applicant Name and Address

Title:

Last name:

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

Title:

Last name:

Company (optional):	Company (optional):			
Unit: House number: House suffix:	Unit: House number: House suffix:			
House name: DRECADUA	House and Lus Limit			
Address 1: CHURCH ROAD	Address 1: CARN THOMAS			
Address 2:	Address 2:			
Address 3:	Address 3:			
Town: St. Mary's	Town: St. Muris			
County: Isles of Screen	County: /see of Scieg			
Country: UK	Country:			
Postcode: 1221 0 HA	Postcode: TRZI OPT.			
3. Description of Proposed Works				
Please describe the proposed works:				
REPLACE GROWED FLOOR ROAR EXTENSION WITH TWO STORMS				
EXPENSION TO REPLACE EXISTING GROWN FLOOR HIRMANDTO				
INCLUDE FIRST FLOOR ENSUITE BASTROOM				
- ADDITION OF NEW WINDOWS TO PEAR ELEVATION ON GROWS FROM				
-ADDITION OF ROOFLIGHTS TO FRAGE ELEKATIONS.				
The property of the property o	TRATE ELEVATIONS			
-HADITION OF NOOF-LIGHTS T	o TRAS ELEKATION.			
- ADDITION OF NOOF-LIGHTS T	o TRAS ELEKATION.			
-ADDITION OF NOOFLIGHTS T	o TRAS ELEKATION.			

3. Description of Proposed Works (continued)	
Has the work already started?	
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)
Has the work already been completed?	
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be one and trade of the control of the c
	(date must be pre-application submission)
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way
Please provide the full postal address of the application site. House House House	Is a new or altered vehicle access proposed to or from the public highway? Yes No
number: suffix:	Is a new or altered pedestrian access
House BAY VIEW TERRACE	proposed to or from the public highway? Yes No
Address 1: PORTH MERION	Do the proposals require any diversions, extinguishments and/or creation of public
	rights of way?
Address 2:	If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/
Address 3:	drawing(s):
Town: St. Marys	
Postsodo S	
(optional): 12210ALF	
Has assistance or prior advice been sought from the local authority about this application? 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: Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received:	Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development? 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? 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.
8. Parking Will the proposed works affect existing car parking arrangements? Yes If Yes, please describe:	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 If Yes, please provide details of the name, relationship and role

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	GRAMITE AND. BLOCK.	TIMBER FRAMÉ WOOD CLANDING.		
Roof	PITCH-TILED. FLAT- FELT LEANTO- UPUC.	FLAT ROOF GRP FIMISH.		
Windows	WHITE UPUC.	WHITE OPUC .		
Doors	WHITE UPUC.	WHITE VAIC		
Boundary treatments (e.g. fences, walls)				
Vehicle access and hard-standing			U	
Lighting	2400	LOW VOKTAGE		
Others (please specify)				
	.l litlonal information on submitted plan(s)/drawi rences for the plan(s)/drawing(s)/design and a		es [No

1. Ownership Certificates				
One Certificate A, B, C, or D, mu	-	gether with the Agricul 'E OF OWNERSHIP - CE	-	with this application form
Town and Country Planning	(Development Mar	nagement Procedure) (England) Order 2010 Cert	ficate under Article 12
certify/The applicant certifies that of	on the day 21 days be	efore the date of this app	dication nobody except my	self/ the applicant was the
wner (owner is a person with a freeh which the application relates.	ola interest or leaseno	ia interest with at least 7	years left to run) of any part	of the land or building to
Signed - Applicant:		Or signed - Agenty		Date (DD/MM/YYYY)
				10/10/2016
	CEDTIEICAT	E OF OWNERSHIP - CE	DTIEICATE D	
Town and Country Planning I certify/ The applicant certifies that It days before the date of this applied to run) of any part of the land or I	(Development Man I have/the applicant cation, was the owner	has given the requisite or (owner is a person with	England) Order 2010 Certi notice to everyone else (as	listed below) who, on the da
Name of Owner	l l	Address		Date Notice Served
rame of owner		Address		Date Notice Served
			>.	
				500
igned - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY)
- Since Application		- I I I I I I I I I I I I I I I I I I I		
All reasonable steps have be interest or leasehold interest been unable to do so. The steps taken were:	een taken to find out with at least 7 years le	the names and addresse ft to run) of the land or b	es of the other owners (<i>own</i> uilding, or of a part of it , bu	er is a person with a freehold it I have/ the applicant has
Name of Owner		Address		Date Notice Served
	_			
Common direction of the Control of the Control				
lotice of the application has been p	oublished in the follow	wing newspaper	On the following date (which must not be earlier
circulating in the area where the la	nd is situated):	v	than 21 days before the	date of the application):
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY)

11. Ownership Certificates (cont		OWNERSHIP - CERT	IFICATE D	
Town and Country Planning (Dev				under Article 12
I I certify/ The applicant certifies that:		, ,	5 ,	ander Militie 12
Certificate A cannot be issued for All reasonable steps have been to	this application		-£	
 All reasonable steps have been to date of this application, was the c 	ken to find out the f wher <i>lowner is a ner</i>	iames and addresses of	or everyone else who, on the da erest or legislabold interest with at	y 21 days before the
of any part of the land to which the	is application relate	s. but I have/the appli	icant has been unable to do so	least / years leπ to run)
The steps taken were:		o, o act marc, the appr	icant has been anable to do so.	
				T T
Notice of the application has been publish	ned in the following	newspaper	On the following date (which	must not be earlier
(circulating in the area where the land is s	ituated):		than 21 days before the date	of the application):
Signed - Applicant:	Ors	igned - Agent:		Date (DD/MM/YYYY):
				<u> </u>
12. Agricultural Land Declaration				
		AL LAND DECLARAT	ION	
Town and Country Planning (Deve	lopment Managem	ent Procedure) (Eng	land) Order 2010 Certificate u	nder Article 12
Agricult	ural Land Declaration	n - You Must Complete	e Either A or B	
(A) Name of the length with the first will be				
(A) None of the land to which the applicat		- AO	holding.	
Signed - Applicant:	Or :	signed - Agent:		Date (DD/MM/YYYY):
				1. 1. 1.
				10/10/2016
(B) I have/ The applicant has given the req	ulsita notica to over	v norcon other than m	wealf/the annitonet who are the	
before the date of this application, was a t	enant of an agriculti	y person other than m Iral holding on all or n	lyself/ the applicant who, on the	day 21 days
as listed below:	chancor an agricult	arar noiding on all or p	art of the land to which this app	oncation relates,
Name of Tenant		Address		Date Notice Served
		Address		Date Hotice Selved
l I				
Signed - Applicant:	Ors	igned - Agent:		Date (DD/MM/YYYY):
	- 11			
An Disease A II at D. I				
13. Planning Application Require				
Please read the following checklist to make	sure you have sent	all the information in :	support of your proposal. Failu	re to submit all
information required will result in your app	lication being deem	ed invalid. It will not t	be considered valid until all info	rmation required by
the Local Planning Authority has been subi The original and 3 copies of a	The original a	and 3 copies of a	The server of feet	
completed and dated application form:	design and a	ccess statement if	The correct fee:	
7.0		rks fall within a		
The original and 3 coples of a plan which identifies the land to which the application	conservation	area or	The original and 3 cop	ies of the
relates drawn to an identified scale	wond nental	ge Site, or relate to a	completed, dated Owr Certificate (A, B, C or D	ersnip
and showing the direction of North:	Listed Buildin	ıg:	Certificate (A, B, C or D	- as applicable):
The original and 3 copies of other plans				
and drawings or information necessary to			The original and 3 cop	
describe the subject of the application:			completed, dated Artic	
And the substitution of th			(Agricultural Holdings)	

14. Declaration		
I/we hereby apply for planning permission/conseinformation.	nt as described in th	nis form and the accompanying plans/drawings and additional
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
		10/10/2016 (date cannot be pre-application)
15. Applicant Contact Details		16. Agent Contact Details
Telephone numbers		Telephone numbers
Country code: National number:	Extension number:	Country code: National number: Extension number:
Country code: Mobile number (optional):		Country code: Mobile number (optional):
Country code: Fax number (optional):		Country code: Fax number (optional):
Email address (optional):		Email address (optional):
		[]
17. Site Visit	····	
Can the site be seen from a public road, public foo	otpath, bridleway or	r other public land? Yes No
If the planning authority needs to make an appoir out a site visit, whom should they contact? (Please	ntment to carry select only one)	Agent Applicant Other (if different from the agent/applicant's details)
If Other has been selected, please provide:		•
Contact name:		Telephone number:
Email address:		