

If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply

PLANT G DEPARTMENT

1900/5

2 E FEB 2019

Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning Act 1990

Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting nformation to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended)'.

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of their obligations in regards to the processing of your application. Please refer to their website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

ocal Planning Authority details:



COUNCIL OF THE ISLES OF SCILLY

Planning Department

Town Hall, The Parade, St Mary's, Isles of Scilly, TR21 0LW

① 01720 424350

② planning@scilly.gov.uk

Publication on Local Planning Authority websites

nformation provided on this form and in supporting documents may be published on the authority's planning register and vebsite.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require iny further clarification, please contact the authority directly.

f printed, please complete using block capitals and black ink.

t is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your pplication.

pplication.					
1. Applic	ant Name and Address	2. Agent Name and Address			
Title:	MRS. First name: MARGARET	Title: First name:			
Last name:	TUCKER	Last name:			
Company (optional):		Company (optional):			
Unit:	House House suffix:	Unit: House House suffix:			
House name:	TREROSÉ	House name:			
Address 1:	5. TRENCH LANE	Address 1:			
Address 2:		Address 2:			
Address 3:		Address 3:			
Town:	OLD TOWN	Town:			
County:	ISLES OF SCILLY	County:			
Country:	ENGLAND	Country:			
Postcode:	TRZI OPA	Postcode:			

3. Description of Proposed Works	3.5
Please describe the proposed works:	
TO REPLACE ROOF & WINDS	OWS ON EXISTING CONSERVATORY
FOUNDATIONS.	4
THE WINDOWS ONLY NEED C	CHANGING TO SUPPORT THE
EXTRA WEIGHT OF THE ROO	F.
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 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.	Is a new or altered vehicle access proposed to or from the public highway? Yes No
Unit: House suffix:	proposed to or from the public highway? Yes No Is a new or altered pedestrian access
House TREPOSE	proposed to or from the public highway? Yes
Address 1: 5 TRENCH LANE	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
Address 3:	drawings and state the reference number(s) of the plan(s)/ drawing(s):
Town: OLD TOWN	
County: ISLES OF SULLY	
Postcode (optional): TQ21 OPA	
6. Pre-application Advice	7. Trees and Hedges
Has assistance or prior advice been sought from the local	Are there any trees or hedges on your own property or on adjoining properties which
authority about this application?	are within falling distance of your proposed
If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this	development? Yes No
application more efficiently).	If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:
Please tick if the full contact details are not known, and then complete as much possible:	
Officer name:	
ANDROW KING.	
Reference:	
	Will any trees or hedges need to be removed or pruned in
Date (DD MM YYYY): (Must be pre-application submission)	order to carry out your proposal? Yes No
(must be pre-application submission)	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)/
Details of the pre-application advice received: MY APPLICATION WOULD	drawing(s) and indicate the scale.
0.2000 1.1000.0	
BE ADVISED.	•/
*	

8. Parking Will the proposed works affect existing car parking arrangements? Yes No						
If Yes, please describe:						
		,	ξ.			
means related, by birth	loyee / Member iple of decision-making that the process is open an or otherwise, closely enough that a fair minded an is bias on the part of the decision-maker in the loca	d informed obs	erver, having considered the facts,	clated would	o"	
Oo any of the following statements apply to you and/or agent? Yes 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 of	details of their name, role and how you are related t	o them.				
10. Materials					i de	
If applicable, please sta	ite what materials are to be used externally. Include	e type, colour ai	nd name for each material:	T		
	Existing (where applicable)	Proposed		Not applicable	Don't Know	
Walls	LOWER WALLS MEE TIMBUR FRAME Y RENDERED	TO R	EMAIN .			
Roof	MOOD BEARING. POLY CARBONTATE SHEET		BEAMS. TILES (GREY)			
Windows	UVPC	UVP				
Doors	UVPC	UVF	°C		· 🗆	
Boundary treatments (e.g. fences, walls)		, e	***************************************	M		

10. Waterials	to and name for each material:		
If applicable, please stat	e what materials are to be used externally. Include type, colour and name for each material:	T	
Vehicle access and hard-standing			
Lighting			
Others (please specify)			
	Itional information on submitted plan(s)/drawing(s)/design and access statement? Yes rences for the plan(s)/drawing(s)/design and access statement: PNOTOS, EXISTING ELEVATIONS, LOCAL PLAN LETTER		宣
American Company			

Please read the following checklist to make sure you have sent all the information required will result in your application being deemed invited. The original and 3 copies* of a completed and dated application form: The original and 3 copies* of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:	copies* of a The correct fee: Statement if Il within a The original and 3 copies* of the completed, dated Ownership			
*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.				
13. Declaration I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them. Signed - Applicant: Or signed - Agent:	facts stated are true and accurate and any opinions given are the			
14. Applicant Contact Details	15. Agent Contact Details			
Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):			
Can the site be seen from a public road, public footpath, bridleway or out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide: Contact name: Email address:	Telephone number:			

1. Ownership Certificates and Agricultural Land Declaration

gned - Applicant:

One Certificate A, B, C, or D, must be completed with this application form CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 ertify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the mer* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or part of, an agricultural holding**

TE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the plication relates but the land is, or is part of, an agricultural holding.

Or signed - Agent:

owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.
"agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act.

M a Tucher		23/02/19
plication relates. owner" is a person with a freehold intere	CERTIFICATE OF OWNERSHIP - CERTIFICATE B velopment Management Procedure) (England) Order 2015 Cove/the applicant has given the requisite notice to everyone else on, was the owner* and/or agricultural tenant** of any part of the story leasehold interest with at least 7 years left to run. iven in section 65(8) of the Town and Country Planning Act 1990	ertificate under Article 14 (as listed below) who, on the day the land or building to which this
Name of Owner / Ag ricultural Tena nt	Address	Date Notice Served
gned - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):