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By Liv Rickman at 12:41 pm, Dec 11, 2023

Application for Planning Permission.
Town and Country Planning Act 1990

Please complete using block capitals and black ink.

1. Applicant 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:

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 the Proposal

Please describe the proposed development, including any change of use:

75 m long geobag core added to existing cobble embankment and tied with geotextile

Has the building, work or change of use already started?

Yes

No

If Yes, please state the date when building, work or use were started (DD/MM/YYYY):

(date must be pre-application submission)

Has the building, work or change of use been completed?

Yes

No

If Yes, please state the date when the building, work or change of use was completed: (DD/MM/YYYY):

(date must be pre-application submission)

Reference no. of permission in principle being relied on (technical details consent applications only):

4. Site Address Details

Please provide the full postal address of the application site.

House number:
Unit:
suffix:

House name:

Address 1: Green Bay

Address 2:

Address 3:

Town: Bryher

County: Isles of Scilly

Postcode (optional): TR23 OPR

Description of location or a grid reference.
(must be completed if postcode is not known):

Easting: Northing:

Description:

5. 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: EIA-21-002-SCR

Date (DD/MM/YYYY): (must be pre-application submission) 03/08/2021

Details of pre-application advice received?
Various recommendations on approaches required in EIA

6. 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

Are there any new public roads to be provided within the site? Yes No

Are there any new public rights of way to be provided within or adjacent to the site? Yes No

Do the proposals require any diversions /extinguishments and/or creation of rights of way? Yes No

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan(s)/drawings(s)

7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste? Yes No

If Yes, please provide details:

Have arrangements been made for the separate storage and collection of recyclable waste? Yes No

If Yes, please provide details:

8. Authority Employee / Member

It is an important principle of decision-making that the process is open and transparent. For the purposes of this question, "related to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority

With respect to the Authority, I am: (a) a member of staff

Do any of these statements apply to you Yes No

(b) an elected member and/or agent?

(c) related to a member of staff

(d) related to an elected member

If Yes, please provide details of the name, role, and how you are related to them

Member of staff: Director, Climate Adaptation Scilly

9. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

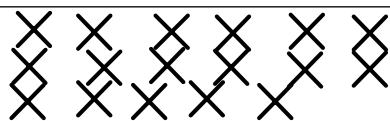
Existing Proposed (where applicable)			Not applicable	Don't Know
Walls			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Roof			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Windows			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Doors			<input checked="" type="checkbox"/>	<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)		Rock armour, sand, geotextiles	<input 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:



BP6 Bryher RLB, LP Bryher RLB
 Non-Technical Summary, Volume I Environmental Statement,
 Volume II Appendices_Optimized
 DKR6499-RT006-R02-00, DKR6499-210-D116 [01], DKR6499-210-D370
 [01] DKR6499-000-D102_General Notes_01
 DKR6499-000-D104 [01] LIDAR Survey Layout - Bryher

10. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

Existing spaces retained)	Type of Vehicle	Total	Total proposed (including	Difference in spaces
Cars		0	0	0
Light goods vehicles/ public carrier vehicles		0	0	0
Motorcycles		0	0	0
Disability spaces		0	0	0
Cycle spaces		0	0	0
Other (e.g. Bus)		0	0	0
Other (e.g. Bus)		0	0	0

11. Foul Sewage

Please state how foul sewage is to be disposed of:

Mains sewer Cess pit

Septic tank Other

Package treatment plant

Are you proposing to connect to the existing drainage system? Yes No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

12. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

Yes No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes No

Will the proposal increase the flood risk elsewhere? Yes No

How will surface water be disposed of?
 Sustainable drainage system Existing watercourse

Soakaway Pond/lake

Main sewer

13. Biodiversity and Geological Conservation

Is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

Yes, on the development site
Yes, on land adjacent to or near the proposed development

No

b) Designated sites, important habitats or other biodiversity features:

Yes, on the development site
Yes, on land adjacent to or near the proposed development

No

c) Features of geological conservation importance:

Yes, on the development site
Yes, on land adjacent to or near the proposed development

No

14. Existing Use

Please describe the current use of the site:

Open space and farmland

Is the site currently vacant? Yes No

If Yes, please describe the last use of the site:

Open space and farmland

When did this use end (if known)? DD/MM/YYYY
(date where known may be approximate)

Does the proposal involve any of the following?
If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated? Yes No

Land where contamination is suspected for all or part of the site? Yes No

A proposed use that would be particularly vulnerable to the presence of contamination? Yes No

15. Trees and Hedges

Are there trees or hedges on the proposed development site? Yes No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? Yes No

If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.

16. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? Yes No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

17. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units?
If Yes, please complete details of the changes in the tables below:

Yes

No

Proposed Housing

Existing Housing

Market Housing	Not known	Number of Bedrooms				Total Homes
		1	2	3	4+	
Houses	<input type="checkbox"/>					a
Flats/maisonettes	<input type="checkbox"/>					b
Sheltered housing	<input type="checkbox"/>					d
Bedsit/studio	<input type="checkbox"/>					e
Cluster flats	<input type="checkbox"/>					f
Other	<input type="checkbox"/>					g
Totals (a + b + c + d + e + f) =						A

Market Housing	Not known	Number of Bedrooms				Total Homes
		1	2	3	4+	
Houses	<input type="checkbox"/>					a
Flats/maisonettes	<input type="checkbox"/>					b
Sheltered housing	<input type="checkbox"/>					d
Bedsit/studio	<input type="checkbox"/>					e
Cluster flats	<input type="checkbox"/>					f
Other	<input type="checkbox"/>					g
Totals (a + b + c + d + e + f) =						A

Social, Affordable or Intermediate Rent	Not known	Number of Bedrooms				Total Homes
		1	2	3	4+	
Houses	<input type="checkbox"/>					a
Flats/maisonettes	<input type="checkbox"/>					b
Sheltered housing	<input type="checkbox"/>					d
Bedsit/studio	<input type="checkbox"/>					e
Cluster flats	<input type="checkbox"/>					f
Other	<input type="checkbox"/>					g
Totals (a + b + c + d + e + f) =						A

Social, Affordable or Intermediate Rent	Not known	Number of Bedrooms				Total Homes
		1	2	3	4+	
Houses	<input type="checkbox"/>					a
Flats/maisonettes	<input type="checkbox"/>					b
Sheltered housing	<input type="checkbox"/>					d
Bedsit/studio	<input type="checkbox"/>					e
Cluster flats	<input type="checkbox"/>					f
Other	<input type="checkbox"/>					g
Totals (a + b + c + d + e + f) =						A

Affordable Home Ownership	Not known	Number of Bedrooms				Total Homes
		1	2	3	4+	
Houses	<input type="checkbox"/>					a
Flats/maisonettes	<input type="checkbox"/>					b
Sheltered housing	<input type="checkbox"/>					d
Bedsit/studio	<input type="checkbox"/>					e
Cluster flats	<input type="checkbox"/>					f
Other	<input type="checkbox"/>					g
Totals (a + b + c + d + e + f) =						A

Affordable Home Ownership	Not known	Number of Bedrooms				Total Homes
		1	2	3	4+	
Houses	<input type="checkbox"/>					a
Flats/maisonettes	<input type="checkbox"/>					b
Sheltered housing	<input type="checkbox"/>					d
Bedsit/studio	<input type="checkbox"/>					e
Cluster flats	<input type="checkbox"/>					f
Other	<input type="checkbox"/>					g
Totals (a + b + c + d + e + f) =						A

Starter Homes	Not known	Number of Bedrooms				Total Homes
		1	2	3	4+	
Houses	<input type="checkbox"/>					a
Flats/maisonettes	<input type="checkbox"/>					b
Bedsit/studio	<input type="checkbox"/>					e
Other	<input type="checkbox"/>					g
Totals (a + b + c + d) =						A

Starter Homes	Not known	Number of Bedrooms				Total Homes
		1	2	3	4+	
Houses	<input type="checkbox"/>					a
Flats/maisonettes	<input type="checkbox"/>					b
Bedsit/studio	<input type="checkbox"/>					e
Other	<input type="checkbox"/>					g
Totals (a + b + c + d) =						A

Self-build and Custom Build	Not known	Number of Bedrooms				Total Homes
		1	2	3	4+	
Houses	<input type="checkbox"/>					a
Flats/maisonettes	<input type="checkbox"/>					b
Bedsit/studio	<input type="checkbox"/>					e
Other	<input type="checkbox"/>					g
Totals (a + b + c + d) =						A

Self-build and Custom Build	Not known	Number of Bedrooms				Total Homes
		1	2	3	4+	
Houses	<input type="checkbox"/>					a
Flats/maisonettes	<input type="checkbox"/>					b
Bedsit/studio	<input type="checkbox"/>					e
Other	<input type="checkbox"/>					g
Totals (a + b + c + d) =						A

Total proposed residential units (A + B + C + D + E) =

Total existing residential units (F + G + H + I + J) =

TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):

18. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace? Yes No

If you have answered Yes to the question above please add details in the following table:

Existing gross Use class/type of use (square metres)	Gross internal floorspace to be lost by change of use (square metres)	Total gross internal floorspace proposed (square metres)	Net additional gross internal floorspace use or demolition (including change of following development) (square metres)		
A1 Shops	<input type="checkbox"/>				
Net tradable area:	<input type="checkbox"/>				
A2 Financial and professional services	<input type="checkbox"/>				
A3 Restaurants and cafes	<input type="checkbox"/>				
A4 Drinking establishments	<input type="checkbox"/>				
A5 Hot food takeaways	<input type="checkbox"/>				
B1 (a) Office (other than A2)	<input type="checkbox"/>				
Research and development	<input type="checkbox"/>				
B1 (b)	<input type="checkbox"/>				
B1 (c) Light industrial	<input type="checkbox"/>				
B2 General industrial	<input type="checkbox"/>				
B8 Storage or distribution	<input type="checkbox"/>				
Hotels and halls of residence	<input type="checkbox"/>				
C2 Residential institutions	<input type="checkbox"/>				
Non-residential institutions	<input type="checkbox"/>				
D2 Assembly and leisure	<input type="checkbox"/>				
OTHER	<input type="checkbox"/>				
Please Specify					
Total					

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

Use class applicable of use	Existing rooms to be lost by change of use or demolition changes of use	Total rooms proposed (including changes of use)	Net additional rooms	
C1 Hotels	<input type="checkbox"/>			
Residential Institutions	<input type="checkbox"/>			
OTHER	<input type="checkbox"/>			
Please Specify				

19. Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent
Existing employees	NA	NA	
Proposed employees	NA	NA	

20. Hours of Opening

Please state the hours of opening for each non-residential use proposed:

Use Monday to Friday	Saturday	Sunday and Bank Holidays	Not known
NA			
NA			
NA			

21. Site Area

Please state the site area in hectares (ha)

22. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

Is the proposal a waste management development? Yes No



If the answer is Yes, please complete the following table:

The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste) (Not applicable)	Net applicable	Maximum annual operational throughput in tonnes (or litres if liquid waste)
Inert landfill	<input type="checkbox"/>	
Non-hazardous landfill	<input type="checkbox"/>	
Hazardous landfill	<input type="checkbox"/>	
Energy from waste incineration	<input type="checkbox"/>	
Other incineration	<input type="checkbox"/>	
Landfill gas generation plant	<input type="checkbox"/>	
Pyrolysis/gasification	<input type="checkbox"/>	
Metal recycling site	<input type="checkbox"/>	
Transfer stations	<input type="checkbox"/>	
Material recovery/recycling facilities (MRFs)	<input type="checkbox"/>	
Household civic amenity sites	<input type="checkbox"/>	
Open windrow composting	<input type="checkbox"/>	
In-vessel composting	<input type="checkbox"/>	
Anaerobic digestion	<input type="checkbox"/>	
Any combined mechanical, biological and/or thermal treatment (MBT)	<input type="checkbox"/>	
Sewage treatment works	<input type="checkbox"/>	
Other treatment	<input type="checkbox"/>	
Recycling facilities construction, demolition and excavation waste	<input type="checkbox"/>	
Storage of waste	<input type="checkbox"/>	
Other waste management	<input type="checkbox"/>	
Other developments	<input type="checkbox"/>	

Please provide the maximum annual operational throughput of the following waste streams:

Municipal	
Construction, demolition and excavation	
Commercial and industrial	
Hazardous	

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

23. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below? Yes No Not applicable

If Yes, please provide the amount of each substance that is involved:

<input type="text"/>	Acrylonitrile (tonnes)	Ethylene oxide (tonnes)	Phosgene (tonnes)	<input type="text"/>
<input type="text"/>	Ammonia (tonnes)	Hydrogen cyanide (tonnes)	Sulphur dioxide (tonnes)	<input type="text"/>
<input type="text"/>	Bromine (tonnes)	Liquid oxygen (tonnes)	Flour (tonnes)	<input type="text"/>
<input type="text"/>	Chlorine (tonnes)	Liquid petroleum gas (tonnes)	Refined white sugar (tonnes)	<input type="text"/>

Other: Other:

Amount (tonnes):

24.Ownership Certificates and Agricultural Land Declaration

One Certificate A, B, C, or D, must be completed with this application form

CERTIFICATE OF OWNERSHIP - CERTIFICATE A

I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner* 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 is part of, an agricultural holding**

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

* "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.

Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY):

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24. Ownership Certificates and Agricultural Land Declaration (continued)

CERTIFICATE OF OWNERSHIP - CERTIFICATE C

I certify/ The applicant certifies that:

- Neither Certificate A or B can be issued for this application
- All reasonable steps have been taken to find out the names and addresses of the other owners* and/or agricultural tenants** of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.

* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990

The steps taken were:

Name of Owner / Agricultural Tenant	Address	Date Notice Served

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

CERTIFICATE OF OWNERSHIP - CERTIFICATE D

I certify/ The applicant certifies that:

- Certificate A cannot be issued for this application
- All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner* and/or agricultural tenant** of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990

The steps taken were:

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

25. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.

The original and 3 copies of a completed and dated The correct fee:

application form:

The original and 3 copies of a design and access statement, if required

The original and 3 copies of the plan which identifies (see help text and guidance notes for details):

the land to which the application relates drawn to an

identified scale and showing the direction of North: The original and 3 copies of a fire statement, if required (for

The original and 3 copies of other plans and applications made on or after 1 August 2021)

drawings or information necessary to describe the The original and 3 copies of the completed, dated Ownership

subject of the application: Certificate (A, B, C or D – as applicable) and Article 14 Certificate

(Agricultural Holdings):



26. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY):

21/10/22 (date cannot be pre-application)

28. Agent Contact Details

Telephone numbers

Country code: National number:

Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

29. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?

Yes

No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please 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: