



## COUNCIL OF THE ISLES OF SCILLY

Planning Department  
Town Hall, St Mary's, Isles of Scilly, TR21 0LW  
01720 424455  
planning@scilly.gov.uk

## Application for Removal or Variation of a Condition following Grant of Planning Permission or Listed Building Consent

Town and Country Planning Act 1990 (as amended); Planning (Listed Buildings and Conservation Areas Act) 1990 (as amended)

### 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.

### Site Location

**Disclaimer:** We can only make recommendations based on the answers given in the questions.

If you cannot provide a postcode, the description of site location must be completed. Please provide the most accurate site description you can, to help locate the site - for example "field to the North of the Post Office".

Number

Suffix

Property Name

Address Line 1

Address Line 2

Address Line 3

Town/city

Postcode

Description of site location must be completed if postcode is not known:

Easting (x)

Northing (y)

Description

Integrated Health and Social Care Centre

## Applicant Details

### Name/Company

Title

First name

Adam

Surname

Peters

Company Name

Cornwall Partnership NHS Foundation Trust

### Address

Address line 1

Latham Park

Address line 2

St Blazey Rd

Address line 3

St Blazey

Town/City

Par

County

Cornwall

Country

Postcode

PL24 2HY

Are you an agent acting on behalf of the applicant?

Yes

No

## Contact Details

Primary number

\*\*\*\*\* REDACTED \*\*\*\*\*

Secondary number

\*\*\*\*\* REDACTED \*\*\*\*\*

Fax number

Email address

\*\*\*\*\* REDACTED \*\*\*\*\*

## Agent Details

Name/Company

Title

First name

Angela

Surname

Warwick

Company Name

Situ8 Planning Consultancy

## Address

Address line 1

Millham Farm

Address line 2

Address line 3

Town/City

Lostwithiel

County

Country

United Kingdom

Postcode

PL22 0JA

## Contact Details

Primary number

\*\*\*\*\* REDACTED \*\*\*\*\*

Secondary number

Fax number

Email address

\*\*\*\*\* REDACTED \*\*\*\*\*

## Description of the Proposal

Please provide a description of the approved development as shown on the decision letter

Varying of planning conditions 10 of P/24/006/FUL to permit at design stage water usage demonstrating at least BREEAM 1no Wat 01 credits

Reference number

P/24/006/FUL

Date of decision (date must be pre-application submission)

19/04/2024

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

Condition number(s)

10

Has the development already started?

Yes

No

If Yes, please state when the development was started (date must be pre-application submission)

12/06/2024

Has the development been completed?

Yes

No

## Condition(s) - Variation/Removal

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

Full details in our covering letter as to why we cannot achieve 2 credits of BREEAM 2no Wat 01 credits is submitted with this planning application

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

Condition 10

Prior to any development above slab level, a design stage Sustainable Construction Report shall be submitted to and agreed in writing by the local Planning Authority. The report shall include details of:

- i. Design stage water usage demonstrating at least BREEAM 1no Wat 01 credits;
- ii. Number and location of air source heat pumps;
- iii. Extent and location of pv panels.

Thereafter the development shall be carried out and operated in full accordance with the approved details.

Reason: To ensure the development demonstrates a high level of sustainable performance to address mitigation of and adaptation to predicted climate change, in accordance with Policy SS1 of the Isles of Scilly Local Plan 2015-2030.

## 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?

- The agent  
 The applicant  
 Other person

## Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

- Yes  
 No

## Ownership Certificates and Agricultural Land Declaration

Certificates under Article 14 - Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended)

Please answer the following questions to determine which Certificate of Ownership you need to complete: A, B, C or D.

Is the applicant the sole owner of all the land to which this application relates; and has the applicant been the sole owner for more than 21 days?

- Yes  
 No

Can you give appropriate notice to all the other owners/agricultural tenants? (Select 'Yes' if there are no other owners/agricultural tenants)

Yes

No

## Certificate Of Ownership - Certificate B

I certify/ The applicant certifies that:

- I have/The applicant has given the requisite notice to everyone else (as listed below) 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 or building to which this application relates; or
- The applicant is the sole owner of all the land or buildings to which this application relates and there are no other owners\* and/or agricultural tenants\*\*.

\* "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

Owner/Agricultural Tenant

**Name of Owner/Agricultural Tenant:**

\*\*\*\*\* REDACTED \*\*\*\*\*

**House name:**

Hugh House

**Number:**

**Suffix:**

**Address line 1:**

Garrison

**Address Line 2:**

**Town/City:**

St Marys, Isle of Scilly

**Postcode:**

TR21 0LS

**Date notice served (DD/MM/YYYY):**

06/08/2024

**Person Family Name:**

**Name of Owner/Agricultural Tenant:**

\*\*\*\*\* REDACTED \*\*\*\*\*

**House name:**

**Number:**

**Suffix:**

**Address line 1:**

NHS Property Services Ltd

**Address Line 2:**

10 South Colonade

**Town/City:**

Canary Wharf

**Postcode:**

E14 4PU

**Date notice served (DD/MM/YYYY):**

06/08/2024

**Person Family Name:**

Person Role

The Applicant

The Agent

Title

First Name

Surname

Declaration Date

Declaration made

## Declaration

I/We hereby apply for Removal/Variation of a condition as described in the questions answered, details provided, 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.

I/We also accept that, in accordance with the Planning Portal's terms and conditions:

- Once submitted, this information will be made available to the Local Planning Authority and, once validated by them, be published as part of a public register and on the authority's website;
- Our system will automatically generate and send you emails in regard to the submission of this application.

I / We agree to the outlined declaration

Signed

Date