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By Liv Rickman at 10:39 am, Feb 13, 2025

Application for a non-material amendment following a grant of planning permission. 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 information 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 its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:



COUNCIL OF THE ISLES OF SCILLY

Planning Department Town Hall, St Mary's, Isles of Scilly, TR21 OLW \$\text{\$01720 424455}\$\$\$\$ \text{\$\tex{

Publication of applications on planning authority websites

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

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

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

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

1. Applic	ant Name	and Addre	ess	
Title:	Mr	First name:	Craig	
Last name:	Stokes			
Company (optional):				
Unit:		House number:		House suffix:
House name:	Westwir	nd		
Address 1:	McFarlan	ds Down		
Address 2:	St Mary's			
Address 3:				
Town:	St Mary's			
County:	Isles of	Scilly		
Country:	United h	Kingdom	_	
Postcode:	TR21 0N	NS		

2. Agent	Name and Address
Title:	First name:
Last name:	
Company (optional):	
Unit:	House House suffix:
House name:	
Address 1:	
Address 2:	
Address 3:	
Town:	
County:	
Country:	
Postcode:	

Version 2018.1

	ldress Details	· ·	(4. Pre-applicatio	n Advice	
Please provi	de the full postal address of the a	application site.	Has assistance or prior authority about this ag	advice been sought fro	,
Unit:	House number: 5	House suffix:	authority about this ap	opiication?	Yes No
House name:	Treboeth		you were given (This \	e the following informa will help the authority t	
Address 1:	Buzza Street		application more effici Please tick if the full co		
Address 2:			l I	plete as much as possib	ole:
Address 3:					
Town:	St Mary's				
County:	Isles Of Scilly				
Postcode (optional):	TR21 0HX		Date of advice	(DD/MM/YYYY):	10/02/2025
Description	of location or a grid reference. mpleted if postcode is not know	n)·	Details of pre-applicat	,	10/02/2023
Easting:	Northing:	,	Amended building	control plans were dis	
Description				ut and the addition of a with building control	
			were presented and	d advice received that terial amendments to	t they were
			approved application		the original
5. Eligibi	li+v				
Do you, or th	ne person on whose behalf you a			Yes No	
	rest in the part of the land to wh				
	e answered No to this que			n-material amend	ment.
If you are no	t the sole owner, has notificatior evelopment Management Proce	n under article 10 of the i	Town and Country	Yes No [Not Applicable
i lallilling (Di	ovolopinoni ivianagomoni i rocci	auro, (Liigiaila) Oraci Ze	i i a neeti giveti:		
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If you hav	e answered No to this qu	estion, you cannot	apply to make a noi		
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6. Author It is an impo means relate conclude the Do any of th	rity Employee / Member rtant principle of decision-makin ed, by birth or otherwise, closely at there was bias on the part of t	estion, you cannot ease give details of persions enough that a fair-mind he decision-maker in the you and/or agent?	en and transparent. For the dand informed observed local planning authority Yes No With (a) a (b) a (c) r (d) r	n-material amends ne purposes of this queer, having considered the respect to the Authoric member of staff an elected member	ment. Date of Notification estion "relating to" he facts, would ty, I am:

7. Description Of Your Proposal	
Please provide the description of the approved development as shown on the decand date of decision in the sections below:	ision letter, including application reference number
Change of use and refurbishment and renewal of existing guest house/bed Owners accommodation	sit apartments to form 4 no. Apartments and 1 no.
Reference number:	Date of decision (DD/MM/YYYY):
P/22/052/COU	19/12/2022
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline') Change of use	
For the purpose of calculating fees, which of the following best describes the original control of the following best describes the following be	nal application type?
Householder development: development to an existing dwelling-house or deve	lopment within its curtilage
Other: anything not covered by the above category	
8. Non-Material Amendment(s) Sought	
Please describe the non-material amendment(s) you are seeking to make:	
Changes to the internal layout and addition of an Automatic opening vent at to comply with building regulations requirements. The internal changes confor each apartment (with the exception of the owners accommodation). The surrounding properties and is above the eye line when viewed from the top a fire to allow for smoke to be vented from the stairwell.	nsist of the addition of fire protected entrance halls e AOV at the top of the stairwell does not overlook
Are you intending to substitute amended plans or drawings?	Yes No
If Yes, please complete the following:	
Old plan/drawing number(s):	
MJ-174-02 Rev B and MJ-174-01 Rev A	
New plan/drawing number(s):	
TR21-3954-REG-D-001, TR21-3954-REG-D-002, TR21-3954-REG-D-003	8, TR21-3954-REG-D-004, TR21-3954-REG-D-005
Please state why you wish to make this amendment:	
Amendments were required in order to comply with approved document B of	of the building regulations.

9. Application Requirements - Checklist Please read the following checklist to make sure you have sent all th information required will result in your application not being accept Local Planning Authority (LPA) has been submitted.	
The original and 3 copies* of a completed and dated application for	m:
The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:	on
The correct fee:	
*National legislation specifies that the applicant must provide the or total of four copies), unless the application is submitted electronical LPAs may also accept supporting documents in electronic format by You can check your LPA's website for information or contact their pl	ly or, the LPA indicate that a smaller number of copies is required. post (for example, on a CD, DVD or USB memory stick).
10. Declaration I/we hereby apply for planning permission/consent as described in tinformation. I/we confirm that, to the best of my/our knowledge, an	this form and the accompanying plans/drawings and additional
genuine opinions of the person(s) giving them.	
Or signed - Agent:	
	10/02/2025
	12. Agent Contact Details
	Telephone numbers Country code: National number: number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):
13. Site Visit	Telephone numbers Country code: National number: number: Country code: Mobile number (optional): Country code: Fax number (optional):
13. Site Visit Can the site be seen from a public road, public footpath, bridleway of	Telephone numbers Country code: National number: number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):
	Telephone numbers Country code: National number: number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):

Email address: