



## Regulatory Service – Development Management

**Correspondence address** Cornwall Council - Planning, New County Hall, Treyew Road, Truro, TR1 3AY  
**Telephone** 0300 1234 151 | **Email** [planning@cornwall.gov.uk](mailto:planning@cornwall.gov.uk)

[www.cornwall.gov.uk](http://www.cornwall.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	<input type="text"/>
Suffix	<input type="text"/>
Property Name	<input type="text" value="The Bungalow"/>
Address Line 1	<input type="text" value="Mount Carbis Road"/>
Address Line 2	<input type="text"/>
Address Line 3	<input type="text" value="Cornwall"/>
Town/city	<input type="text" value="Redruth"/>
Postcode	<input type="text" value="TR15 2LD"/>

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

Easting (x)	Northing (y)
<input type="text" value="170435"/>	<input type="text" value="41414"/>

Description

## Applicant Details

### Name/Company

Title

First name

Surname

Company Name

### Address

Address line 1

Address line 2

Address line 3

Town/City

County

Country

Postcode

Are you an agent acting on behalf of the applicant?

Yes

No

## Contact Details

Primary number

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

Secondary number

Fax number

Email address

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

## Agent Details

Name/Company

Title

Mr

First name

Michael

Surname

Bradbury

Company Name

Mike Bradbury Design

## Address

Address line 1

Studio St.Ives

Address line 2

4 Gabriel Street

Address line 3

Town/City

St.Ives

County

Country

Postcode

TR26 2LU

## 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

Replacement of existing house with one pair of semi detached properties

Reference number

PA18/11707

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

22/11/2019

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

Condition number(s)

2 - Build in accordance with listed plans

Has the development already started?

Yes

No

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

01/08/2020

Has the development been completed?

Yes

No

## Condition(s) - Variation/Removal

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

This will enable the development to be completed in accordance with revised plans that incorporate a number of design enhancements

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

The wording of condition number 2 should refer to the new drawings submitted - numbers 2042-P02 and P03

## 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

**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):**

Officer name:

Title

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

First Name

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

Surname

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

Reference

Email correspondence

Date (must be pre-application submission)

14/03/2024

Details of the pre-application advice received

Glen was the building control officer in charge of the construction work and former planning officer. He is aware of certain inconsistencies with the development as constructed. Although no longer in the planning department he thought that a section 73 application was the way to deal with the project

## 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

Is any of the land to which the application relates part of an Agricultural Holding?

- Yes  
 No

### 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\*\*

\* "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.

**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.

Person Role

- The Applicant  
 The Agent

Title

Mr

First Name

Michael

Surname

Bradbury

Declaration Date

23/03/2024

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

Michael Bradbury

Date

23/03/2024