

CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only

Application No. H02/0014/03
Date registered
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

Mr + Mrs Tansley
Yellow Stocking Hill
Tel. No. Enfield PB6 0DD

NAME AND ADDRESS OF AGENT

(if form completed by agent)

Robert Douglas (Agent Name)
32 High St. Newington
Surrey SE14 34 ORA
Tel. No. (Contact) Sam Steward

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

Low Road Enfield

OFFICE
COPY

Please complete

EARLIER APPLICATION No.

This application cannot be considered
unless the relevant reference is stated

H02/0173/99

Please complete

I attach the necessary plans and apply for approval as described below

Signed

Date

Please complete the section below.

This form is for approval of additional details. For approval of reserved matters you should not use this form - ask for Planning Application form.

If a condition restricts activity in some way, and you wish to overcome that restriction, you should not use this form - ask for Planning Application form.

If a condition requires activity to be carried out in a particular way, you do not normally need to apply for approval, unless the condition specifically requires it.

2. The application is for approval of details required by a condition

(✓)

State which details are submitted

Archaeology

State drawing no's relating to the current submission

State condition no. under which this application is required

4