

**CONDITION
COMPLIANCE
APPLICATION**

4 COPIES OF FORM AND PLANS REQUIRED

For office use only

Application No. H02/0209/02

Date registered 21 FEB 2002

Grid reference

OFFICE
COPY

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

Mr + Mrs Searle
20 East St

Tel. No. Crowland

NAME AND ADDRESS OF AGENT

(if form completed by agent)

Tel. No. (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

20 East Street, Crowland

Please complete

EARLIER APPLICATION No.

This application cannot be considered
unless the relevant reference is stated

H02/1416/01

Please complete

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

Signed Date

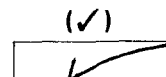
Please complete the section below.

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

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

If a condition requires activity to be carried out in a certain 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

Archeological
Watching Brief.

State drawing no's relating to the current submission

State condition no. under which this application is required

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