

CONLATION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only

Application No. H02/0413/95

Date registered

Grid reference

21 APR 1995

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

Mr + Mrs P Clough
~~Tower Lodge~~
~~Therney Road~~
Tel. No. ~~Crowland~~

NAME AND ADDRESS OF AGENT

(if form completed by agent)

15 Hall Street
Crowland

Tel. No. 156 042

OFFICE
COPY

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

Foresters Hall, Hall Street, Crowland

Please complete

EARLIER APPLICATION No.

This application cannot be considered
unless the relevant reference is stated

1402/1096/91

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

material samples
(enclosed)

State drawing no's relating to the current submission

2

State condition no. under which this application is required