CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H02/0487/95
Date registered 09 MAY 1995
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

J B EASTWOOD
EASTLANDS
POSTLAND ROAD
CROWLAND
LINCS
Tel. No.

NAME AND ADDRESS OF AGENT
(if form completed by agent)

STATUS DESIGN
4 PRINCES STREET
HOLBEACH LINCS
Tel. No. 01406 424343 (Contact) B GILHAM

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

OFF ABBEY WALK, CROWLAND, LINCS

OFFICE COPY

Please complete

EARLIER APPLICATION No.

This application **cannot be considered** unless the relevant reference is stated

H02/0137/95

Please complete

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

Signed ..... Date 5th MAY 1995

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

STREET LIGHTING
WINDOW AND DOOR DETAILS
WALL REFERRED TO AS W2

State drawing no's relating to the current submission: 771654/8

State condition no. under which this application is required: Cond. 8, 10 11 & 12