

GOVERNMENT OF THE
COMMONWEALTH OF MASSACHUSETTS
APPLICANT

4 COPIES OF THIS FORM MUST BE SUBMITTED

For office use only

Application No.

H02/0641/02

Date registered

~~5 JUN 02~~ 29 MAY 02

Grid reference

1. Please complete if applicable

NAME AND ADDRESS OF AGENT

m Parker + Sons
St Johns Road

Tel. No.

Spaulding

NAME AND ADDRESS OF AGENT

(If form completed by agent)

JSAC

Tel. No.

(Contact)

Please complete if applicable

NAME AND ADDRESS OF AGENT

11 East Street, Crowland

Please complete if applicable

NAME AND ADDRESS OF AGENT

Tel. No. (If form completed by agent)
unless the relevant statute requires it

H02/1147/01

Please complete if applicable

NAME AND ADDRESS OF AGENT

Signed

Date

Please complete the audit listing

This form is for approval of additional conditions or approval of reserved matters you should not use this form — ask for Planning 2. Additional 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 2. Additional forms.

If a condition requires activity to be done in a certain way, you do not normally need to apply for approval, unless the condition would otherwise require it.

2. The application is for approval of a condition

☒

State the condition to be approved

Archaeological
Report.

State the name of the person or persons who have signed the application

State the name of the person or persons who have signed the application

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