

CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only

Application No.

Date registered

Grid reference

H02/0742/97

02 JUL 1997

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR. & MRS. J. KING.
86 NORTH STREET
CROWLAND.
Lincs.
Tel. No.

NAME AND ADDRESS OF AGENT

(if form completed by agent)

MOULTON DESIGN
63 EAST COBGATE
MOULTON, SPALDING, PE12 6QJ
Tel. No. 01406 370081 (Contact) ALAN J. FINCH

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

86 NORTH STREET, CROWLAND

OFFICE
COPY

Please complete

EARLIER APPLICATION No.

This application cannot be considered
unless the relevant reference is stated

H02/0160/97.

Please complete

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

Signed

A. Finch

Date

30.6.97

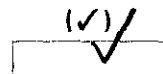
Please complete the section below.

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

DORMER WINDOW DETAILS.

State drawing no's relating to the current submission

970104/D1 ; D2

State condition no. under which this application is required

03.