

# CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

## For office use only

Application No.

H02/1103/02

Date registered

08 OCT 2002

Grid reference

1. Please complete in block letters

### NAME AND ADDRESS OF APPLICANT

Crowland cranes  
Ltd

Crease Drove

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

AS ABOVE

OFFICE  
COPY

Please complete

### EARLIER APPLICATION No.

This application cannot be considered  
unless the relevant reference is stated

H02/0097/01

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 form.

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 form.

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

Details of  
DUST Arrestment

State drawing no's relating to the current submission

State condition no. under which this application is required

2