CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H04/0439/02
Date registered 15 APR 2002
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

mr C B Armstrong
54 Station St
Donington.

Tel. No

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

OFFICE COPY

Tel. No. (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

Quadring Rd, Donington

Please complete

EARLIER APPLICATION No.

H04/1012/01

This application cannot be considered unless this relevant reference is stated

Please complete

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

Signed ..... Date .....

Please read the notes

This form is for the purpose of obtaining approval of reserved matters you should not use this form

If a condition imposed on a planning permission you wish to remove that restriction you should not use this form

If a condition imposed on a planning permission in certain way, you do not normally need to apply for another planning permission

2. The application is for approval of details required by a condition (✓) ✓

State which details are submitted

Details of foul water drainage + Disposal of waste manure

State drawing no's relating to the current submission

State condition no. under which this application is required 3