

CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only

Application No.

104/0852/02

Date registered

22 JUL 2002

Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

Mr B Foster
16 High Street

Tel. No.

1101beach

NAME AND ADDRESS OF AGENT

(if form completed by agent)

Trevor Day

Tel. No.

(Contact)

OFFICE

COPY

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

27 Market Place, Donington

Please complete

EARLIER APPLICATION No.

This application cannot be considered unless the relevant reference is stated

104/0995/01

Please complete

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

Signed

Date

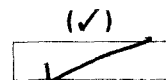
Please complete the section below

This form is for approval of additional details. For approval of reserved matters you should not use this form. Ask for Planning Application 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

Details of
windows
+ Doors

State drawing no's relating to the current submission

State condition no. under which this application is required

1