CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H06/1064/94
Date registered 06 OCT 1997
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR & MRS N. CARR
SUNRISE NURSERY
KINGSGATE, GEDNEY
SPALDING, LINCS PE12 0AH.

Tel. No. 01406 365603

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

N/A

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

H06/0062/97

Please complete

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

Signed N Carr Date 28.9.97

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

LANDSCAPING PROPOSED ON SITE

CONDITION 2

State drawing no's relating to the current submission

H06/0062/97 } LNDO1 LNDO2

State condition no. under which this application is required

2.