CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H03/0142/99
Date registered 03 FEB 1999
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR. MRS S LAUBERT
61 WETHORPE ROAD
GOSBERTON, SPALDING

Tel. No.

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

CMDA
KILLON LODGE
HORBHOE RD
SPALDING

Tel. No. (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

65 CLOUGH ROAD, GOSBERTON, SPALDING, LINCS

Please complete

EARLIER APPLICATION No.

H03/0660/98

This application cannot be considered unless the relevant reference is stated

OFFICE COPY

Please complete

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

Signed ..... Date 22-02-99

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 (Y) ✓

State which details are submitted

DETAILS OF ACOUSTIC BARRIERS

State drawing no's relating to the current submission —.

State condition no. under which this application is required 2.

OFFICE USE ONLY

Checking Officer:

	Yes	No
Application Acceptable	☐	☐
Consult Required	☐	☐
Enclosures Required		

ADMIN

Date Consult Sent

.....

Notes:

Signature ..... Date .....

Case Officer:

Notes:

	Yes	No
Condition Compliance Details Finally Accepted	☐	☐

Details Accepted if different from Box 2:

Signature ..... Date .....