CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H08/0313/94.
Date registered
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MS. S. BARTRAM
5 - SILTSIDE GOSBERTON RISEGATE
SPALDING LINCS
Tel. No. 01775 840921

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

← SAME

Tel. No. (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

5. SILTSIDE GOSBERTON RISEGATE SPALDING LINCS
PE11 4ET

OFFICE COPY
H08/0132/97

Please complete

EARLIER APPLICATION No.

This application **cannot be considered** unless the relevant reference is stated

Please complete

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

Signed ..... Date 21-3-97.

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. This application is for approval of details required by a condition [2]

State which details are submitted

BRICK SAMPLE.

RECLAIMED.

State drawing no's relating to the current submission

State condition no. under which this application is required