

CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only

Application No.

Date registered

Grid reference

H08/0704/97

23 JUN 1997

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

PENNY SNOOK (MR COOPER)
PENNY'S STORES
73-75 HIGH STREET
GOSBERTON PE11 4NJ
Tel. No. 01775 840326

NAME AND ADDRESS OF AGENT

(if form completed by agent)

RACAL NETWORK SERVICES LTD
OAKWOOD, CHINEHAM BUSINESS PARK
CROCKFORD LANE, BASINGSTOKE, RG24
Tel. No. 01256 (Contact) B. DANLE 8003
700100

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

AS APPLICANT

OFFICE

Please complete

EARLIER APPLICATION No.

This application cannot be considered
unless the relevant reference is stated

H08/0704/95
H08/0821/95

Please complete

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

Signed

[Signature]

Date

20 JUNE 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

COLOUR SWITCH BS381C FOR
SATELLITE DISH AND UPPER
SUPPORT

State drawing no's relating to the current submission

N/A

State condition no. under which this application is required

N/A