CONDITION COMPLIANCE APPLICATION

OFFICE COPY

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H08/1593/01
Date registered 11 SEP 2001
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR T SHARPE.
41 HIGH ST
GOSBERTON
Tel. No.

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

S R WILLSON.
MEADOWVIEW
FENGATE RD W PINCHBECK
PE11 3NE
Tel. No. 01775 640200 (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

41-43 HIGH STREET, GOSBERTON

Please complete

EARLIER APPLICATION No.

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

H08/1261/00

Please complete

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

Signed ..... Date 11/09/01

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

BRICK SAMPLES SUBMITTED.

State drawing no's relating to the current submission

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