CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H09/0030/98
Date registered 12 JAN 1998
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

South Lincs comm + mental Health Service
orchard House
Rauceby Hospital
Tel. No. Sleaford

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

Tel. No. Contact

OFFICE COPY

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

Health clinic, Park Road, Holbeach

Please complete

EARLIER APPLICATION No.

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

H09/0300/97

Please complete

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

Signed ..... Date .....

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

car Parking details

State drawing no's relating to the current submission

State condition no. under which this application is required 4