CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H09/0069/03
Date registered 21 JAN 2003
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

Mr & Mrs Atkin
York Place
Damgate
Holbeach. PE12 8QL
Tel. No.

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

—

Tel. No. (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

As Above

Please complete

EARLIER APPLICATION No.

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

H09/798/02

Please complete

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

Signed G. Smith Date 21.1.03

Please complete the section below.

This form is for approval of additional details For approval of reserved matters etc. should not use this form – ask for Planning Application forms.

If a condition restricts activity in some way, and you wish to change that restriction, you should not use this form – ask for Planning Application forms.

If a condition requires activity to be carried out before the use commences, you do not normally need to apply for approval, unless the condition specifically requires.

2. The application is for approval of details required by a condition (✓) ✓

State which details are submitted: Details of storage and disposal of chicken waste

State drawing no's relating to the current submission

State condition no. under which this application is required: 3