

CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only

Application No. H09/0122/95

Date registered 08 FEB 1995

Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MRS L.E. TAYLER,
'THE POPLARS'
WIGNALS GATE
HOLBEACH, Lincs.
Tel. No.

NAME AND ADDRESS OF AGENT

(if form completed by agent)

G.R. MERCHANT.
UNIT 3, 12A PARK ROAD,
HOLBEACH, SPALDING, Lincs.
Tel. No. (Contact)
0406 490800.

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

WIGNALS GATE, HOLBEACH.

Please complete

EARLIER APPLICATION No.

This application cannot be considered unless the relevant reference is stated

H09/1047/94.

Please complete

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

Signed J. Merchant
pp G. Merchant

Date 3.2.95.

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

DETAILS OF SCREENING, FOR THE
PRIVATE AMENITY AREA IN THE NORTH
WEST CORNER OF THE PLOT.

State drawing no's relating to the current submission

State condition no. under which this application is required

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