

CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only

Application No.

H09/0355/06

Date registered

13 MAR 2006

Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

HALSTEAD + FOWLER

CABINET MAKERS

4 PARK ROAD

Tel. No. HARBOR

PER 7EE

NAME AND ADDRESS OF AGENT

(if form completed by agent)

G. R. Mordant

4 Wrights Mews

12A Park Road, Harbourside

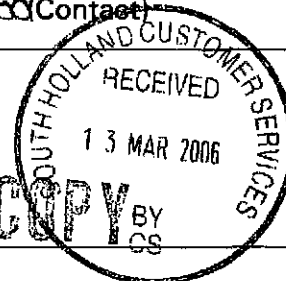
Tel. No. 01462 49000 (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

AS ABOVE

FILE COPY BY CS



Please complete

EARLIER APPLICATION No.

This application cannot be considered unless the relevant reference is stated

H09/0355/05

Please complete

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

Signed

Date

10.03.06

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

Roof lighting Scheme

(see attached information)

State drawing no's relating to the current submission

150/05/05

State condition no. under which this application is required

7

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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

Please complete

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(✓)

State which details are submitted

State drawing no's relating to the current submission

State condition no. under which this application is required