

CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only

Application No.

H09/0693/99

Date registered

Grid reference

1 JUL 1999

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR & MRS M. REEVE
WIGNALS GATE
HOLBEACH
SPADWING LINES

Tel. No.

NAME AND ADDRESS OF AGENT

(if form completed by agent)

G.R. MERCHANT
UNIT 4, WRIGHTS MEWS
12A PARK RD
HOLBEACH
Tel. No. 01462 496800 (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

WIGNALS GATE, HOLBEACH.

**OFFICE
COPY**

Please complete

EARLIER APPLICATION No.

This application cannot be considered
unless the relevant reference is stated

H09/0462/99

Please complete

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

Signed J. Merchant

Date 9.7.99

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

2. BRICKS - OPTIROC CRANBICK FACINGS.
3. TILES - RECLAIMED PLAIN TILES

State drawing no's relating to the current submission

State condition no. under which this application is required

~~2 & 3~~ 3 + 4