CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H09/0744/98
Date registered 20 JUL 1998
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

SOUTH LINCOLNSHIRE COMMUNITY & MENTAL HEALTH SERVICES NHS TRUST, ORCHARD HOUSE, RAUCEBY HOSPITAL, SLEAFORD, LINCS. NG34 8PP.
Tel. No. 01529 416007

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

JOHN H. CANNER ASSOCIATES, FAR CLOSE STUDIO ROLLESTON ROAD, FISKERTON, SOUTHWELL, NOTTS NG25 0UJ.
Tel. No. 01636 830930.

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

HEALTH CLINIC, PARK ROAD, HOLBEACH, SPALDING, LINCS.

OFFICE

Please complete

EARLIER APPLICATION No.

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

H09/0800/97 FULL
APPROVED 22 JULY 1997

Please complete

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

Signed JOHN H CANNER Date 15th July 1998

Please complete the section below.

This form is for approval of additional details. For approval of reserved matters, outline applications 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 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 ACOUSTIC FENCE

State drawing no's relating to the current submission: 707-SP100.

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

FILE COPY

SOUTH HOLLAND DISTRICT COUNCIL

Application no: H09/0744/98

Applicant: South Lincs Community &
Mental Health Serv NHS Trust
Orchard House
Rauceby Hospital
Sleaford, Lincs. NG34 8PP

Agent: John H Canner Associates
Far Close Studio
Rolleston Road
Fiskerton
Southwell Notts NG25 0UJ

Description: Details of acoustic fence.
Condition 3 of application
H09/0300/97

Location: Health Clinic
Park road
Holbeach
Spalding Lincs

Type: CONDITION COMPLIANCE

Date received: 20-JUL-98

26-OCT-98

Dear Sir/Madam

TOWN AND COUNTRY PLANNING ACT 1990

ACKNOWLEDGEMENT OF WITHDRAWAL

Following your withdrawal of the above application, I confirm that no further action will be taken.

Yours faithfully

Director of Housing and Planning Services

SALLY WALTHAM BA (Hons) F.C.I.H. Director of Housing & Planning Services

Housing & Planning Services Department, Council Offices, Priory Road, Spalding, Lincolnshire. PE11 2XE (Tel: 01775 761161)