CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H09/1023/02
Date registered 12 SEP 2002
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT
D6M PROPERTIES LTD
43 DOUBLE STREET, SPALDING,
LINCS. PE11 2AA
Tel. No. 01775 766816

NAME AND ADDRESS OF AGENT
(if form completed by agent)
MARK DENNIS - ARCHITECTURAL SERVICES.
32 PRIMROSE CRESCENT, PINCHBECK,
SPALDING, LINCS. PE11 3RT.
Tel. No. 01775 680183. (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

LAND OFF ST JOHNS STREET & BARRINGTON GATE, HOLBEACH, SPALDING, LINCS.

Please complete

EARLIER APPLICATION No.

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

H09/0256/01
H09/0257/01

Please complete

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

Signed ..... Date 11.9.02.

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: ARCHAEOLOGICAL INVESTIGATION AND REQUIREMENTS.

State drawing no's relating to the current submission: —

State condition no. under which this application is required: 2.