

CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only

Application No. *H09/1140/96*

Date registered *11 DEC 1996*

Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

*MR. A.R. YARVIS
LITTLEPORT
FLEET ROAD
HOLBEACH
SPALDING LINCOLNSHIRE*

Tel. No.

NAME AND ADDRESS OF AGENT

(if form completed by agent)

*PODDINGTONS
44 DOUBLE STREET
SPALDING
LINCOLNSHIRE*

Tel. No.

(Contact)

01775 761856 T CRUNKHOEN

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

*LAND OFF LAPWATER LANE, HOLBEACH ST.
MARKS SPALDING LINCOLNSHIRE*

Please complete

EARLIER APPLICATION No.

This application cannot be considered
unless the relevant reference is stated

H09/0929/95

**OFFICE
COPY**

Please complete

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

Signed

Date

9/12/96

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~~S~~

(✓)

✓

State which details are submitted

*EXTERNAL MATERIALS
AND LANDSCAPING
PROPOSALS*

State drawing no's relating to the current submission

State condition no's under which this application is required

*2419/5B
2, 5, 8*