CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H09/1309/00
Date registered 31 OCT 2000
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MRS LYNN BISHOP
'ALLDEES' ST MARKS ROAD
HOLBEACH ST MARKS
SPALDING, SOUTH LINCS
Tel. No. 01406 701510

NAME AND ADDRESS OF AGENT
(if form ...)

Tel. No.

OFFICE COPY

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

'ALLDEES' ST MARKS ROAD
HOLBEACH ST MARKS
SPALDING, SOUTH LINCS, PE12 8DZ

Please complete

EARLIER APPLICATION No.

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

H09/1064/00

Please complete

I attach the necessary plans and apply for approval as described

Signed L.M. Bishop Date 27/10/00

Please complete the section below.

This form is for approval of additional details. For approval ... use this form — ask for Planning Application forms.

If a condition restricts activity in some way, and you wish ... not use this form — ask for Planning Application forms.

If a condition requires activity to be carried out in a certain ... apply for approval, unless the condition specifically requires ...

2. The application is for approval of details required by a condition ✓

State which details are submitted

SHOPFRONT TREATMENT.

State drawing no's relating to the current submission

State condition no. under which this application is required 2