CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H10/0718/00
Date registered 06 JUN 2000
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR & MRS R. TOWELL
COMMON FARM
HOSPITAL DROVE, LITTLE SUTTON

Tel. No.

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

A.C. HORNSBY
PEAK HILL, COWBIT,
SPALDING LINCS.
Tel. No. 01406 380591 (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

AS 1.

OFFICE COPY

Please complete

EARLIER APPLICATION No.

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

H10/0077/00

Please complete

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

Signed ..... Date 2.6.2000

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: LANDSCAPE LAYOUT. LETTER RELATING TO CONDITIONS NO. 6. AND 8

State drawing no's relating to the current submission: 99/71/04A

State condition no. under which this application is required: 2, 6 and 8