CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H10/1002/01
Date registered 20 AUG 2001
Grid reference

1. Please complete in block letters
NAME AND ADDRESS OF APPLICANT

Mr + Mrs M Grimwood
Threeways
Hospital Drove
Long Sutton

Tel. No.

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

Tel. No. (Contact)

Please complete in block letters
FULL POSTAL ADDRESS OF THE APPLICATION SITE

As Above

OFFICE COPY

Please complete
EARLIER APPLICATION No.

This application cannot be considered unless the relevant reference is stated

H10/0703/01

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

Signed ..... Date .....

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

Details of disposal of waste

State drawing no's relating to the current submission

State condition no. under which this application is required

2