CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H11|1220|95
Date registered 18 DEC 1995
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR JASON ROBERT RUSSELL
THE CHALET
HOSPITAL DROVE
LONG SUTTON
SPALDING
LINCS
Tel. No. 01406 362589
Mobile 0850 013703

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

48 MARKET PLACE
LONG SUTTON, SPALDING, LINCS.

OFFICE COPY

Please complete

EARLIER APPLICATION No.

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

H11|0150|94

Please complete

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

Signed J Russell Date 12/12/95

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 FUME EXTRACTION/ARRESTMENT EQUIPMENT

State drawing no's relating to the current submission

State condition no. under which this application is required 3