CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

COPY

For office use only
Application No. H11/1327/02.
Date registered 5 DEC 2002
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT
Mr. Elias
Dental Surgery
The Lawns
London Road, 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

Please complete
EARLIER APPLICATION No.

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

H11/0527/02
~~H11/0526/02~~

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

Signed C. Smith Date 5.12.02

Please complete the section below.

This form is for approval of additional details required by a condition imposed on a Planning Permission. It should not be used to ask for Planning Approval.

If you propose to start this activity in more than one phase please indicate which phase you are applying for. It should not be used to ask for Planning Approval.

If you propose to vary the activity to be carried out, you should write to us. You do not normally need to apply for approval under the condition specified in your permission.

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

State which details are submitted

3. Cast iron rain water goods painted black

4. Bricks, bond & mortar mix
- Bricks match existing
- Lime mortar
- Bond match existing

State drawing no's relating to the current submission

State condition no. under which this application is required 3 & 4