

CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only

Application No.

Date registered

Grid reference

H13/0743/99

20 JUL 1999

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

Mr. N. P. R. GARFOOT
T/A MARRIOTT BROS
18, HIGH STREET
MOULTON, SPALDING, Lincs
Tel. No. PE12 6QB
01406 370288

NAME AND ADDRESS OF AGENT

(if form completed by agent)

OFFICE
Te No COPY (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

18, HIGH STREET, MOULTON, SPALDING, Lincs. PE12 6QB

Please complete

EARLIER APPLICATION No.

This application cannot be considered
unless the relevant reference is stated

H13/0449/99

Please complete

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

Signed N. Garfoot

Date 21.9.99

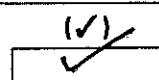
Please complete the section below.

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

COLOUR OF AWNING: - MID BLUE
AN WHITE STRIPE
COLOUR OF BOX
WHITE

State drawing no's relating to the current submission

State condition no. under which this application is required

3