CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H13/1020/98
Date registered
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

JOHN HAYES ESQ MP
HARROX HOUSE
3 HIGH STREET
MOULTON
SPALDING LINCS
Tel. No. 01406 373113

NAME AND ADDRESS OF AGENT
(if form completed by agent)
ROBERT FREAKLEY ASSOCIATES
ST ANN'S HOUSE
ST ANN'S STREET
KING'S LYNN PE30 1LT
Tel. No. 01553 762055 (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

AS APPLICANT ABOVE

OFFICE COPY

Please complete

EARLIER APPLICATION No.

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

H13/1324/97
H13/1325/97

Please complete

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

Signed R A Freakley Date 13 OCTOBER 1998

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 (✓) ✓6

State which details are submitted

SECOND HAND BRICKS & SLATES ON SITE, TO MATCH MAIN HOUSE

State drawing no's relating to the current submission: N/A

State condition no. under which this application is required: 2