CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H13/1244/97
Date registered 26 NOV 1997
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

ABBEYGATE REST HOMES LTD.
BROADGATE HOUSE
BROADGATE
WESTON HILLS SPALDING LINCS.
Tel. No.

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

MOULTON DESIGN
63 EAST COBGATE
MOULTON SPALDING LINCS.
Tel. No. 01406 370081 (Contact) ALAN J. FINCH.

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

LAND TO REAR OF THE MILL, HIGH STREET, MOULTON, LINCS.
PROPOSED RESIDENTIAL CARE HOME

Please complete

EARLIER APPLICATION No.

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

H13/0304/96

OFFICE COPY

Please complete

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

Signed Alan V. Finch Date 27.11.97.

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: EXTERNAL MATERIALS

State drawing no's relating to the current submission: EXT. MATLS. SCHEDULE

State condition no. under which this application is required: 8.