CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No H14/0248/99
Date registered 22 FEB 2000
Grid reference

1. Please complete in block letters
NAME AND ADDRESS OF APPLICANT

Mr C O Sims
Otway House
Spalding Road
Pinchbeck Spalding
Tel. No.

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

John D Lynch Partnership
Mercia Lodge 65 Pinchbeck Road
Spalding PE11 1QF
Tel. No. 01775 724187 (Contact) John Lynch

Please complete in block letters
FULL POSTAL ADDRESS OF THE APPLICATION SITE

Otway House, Spalding Road, Pinchbeck, Spalding, Lincs.

OFFICE COPY

Please complete
EARLIER APPLICATION No.

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

H14/0248/99

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

Signed ..... Date 21-02-2000

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

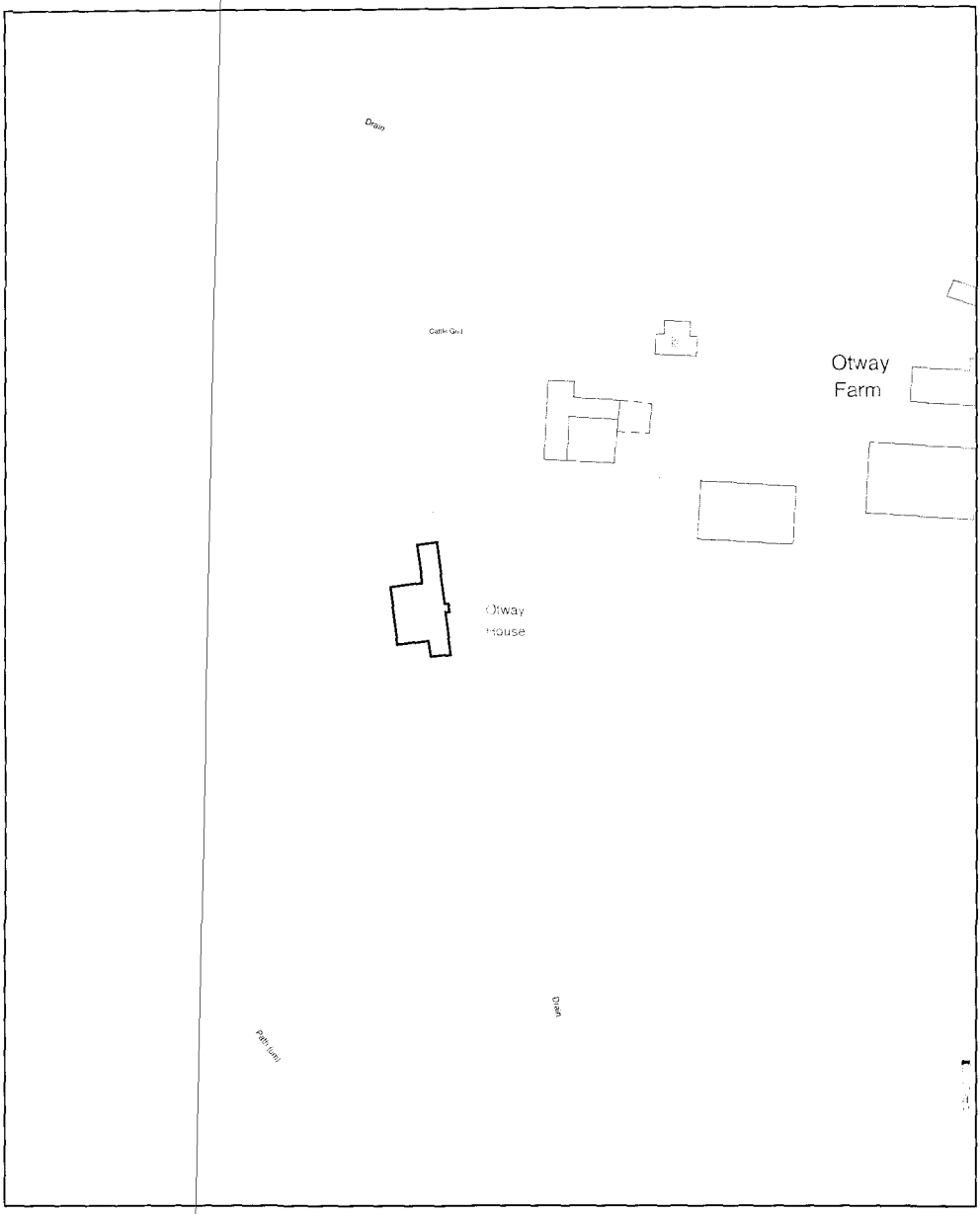
WINDOW AND DOOR DETAILS

State drawing no's relating to the current submission

AD20, AD21

State condition no. under which this application is required

Condition 3 & 6



S O U T H
HOLLAND
DISTRICT COUNCIL

Planning Application Location Plan
Ward Member Notification

H14/0216/00

Scale: 1:1250

Housing and Planning Services Department

Council Offices, Priory Road, Spalding, Lincolnshire
PE11 2XE

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