CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H14/0292/95.
Date registered 15 MAR 1995
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR. A.D. FRAGALE
97 SPALDING RD.
PINCHBECK. LINCS.
PE11 3UE.
Tel. No. 0775 766359

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

27 CHURCH ST.
PINCHBECK. LINCS.
NR. SPALDING

(OLD FILLING STATION)

Please complete

EARLIER APPLICATION No.

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

H14/0224/94

Please complete

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

Signed A.D. Fragale Date 15th March 95.

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

CONDITION No: 4. +5
DETAILS OF DIRECTIONAL SIGNS TO THE REAR OF CAR PARK. INCLUDING THE WORDING. HEADER BOARD AND FREESTANDING POST.

State drawing no's relating to the current submission #4 +5

State condition no. under which this application is required