CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H14/0336/97
Date registered 27 MAR 1997
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR. & MRS. D. WARNES
11 MILESTONE LANE
PINCHBECK 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

11 MILESTONE LANE, PINCHBECK, SPALDING LINCS

OFFICE COPY

Please complete

EARLIER APPLICATION No.

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

H14/1100/96

Please complete

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

Signed A J Finch Date 27.3.97

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

EXT. MATLS.
ROOF TILE TO BE IDENTICAL TO EXISTING HOUSE.
BRICKS TO BE L.B.C. HEATHER

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

State condition no. under which this application is required: 02.