CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H14/0376/97 -
Date registered
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

DA MOORMAN ~~&~~ LTD,
SANDPIT NURSERIES,
PINCHBECK,
SPALDING, LINCS
Tel. No. 01775 650900

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

EKINS
6A COWGATE,
PETERBOROUGH
PE1 1NA
Tel. No. 01733 352001 (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

SANDPIT NURSERIES, PINCHBECK, SPALDING LINCS

OFFICE COPY

Please complete

EARLIER APPLICATION No.

This application cannot be considered unless the relevant reference is stated

H14/0861/96

Please complete

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

Signed ..... Date 1 APRIL 1997

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

1. Materials – Colour/type condition 2
2. Road upgrading details, 3
3 Motor vehicle turning space, 7
4. Parking details. 8
5. Landscaping/tree planting 9+10

State drawing no's relating to the current submission

State condition no. under which this application is required