CONDITION COMPLIANCE APPLICATION

OFFICE COPY

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H14/0477/01
Date registered 19-04-01
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR J LOW & MS. L SHILLAKER
CHERRY HOLT HOUSE
1 ORCHARD CLOSE
PINCHBECK, SPALDING.
Tel. No.

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

GDT MIDLANDS DESIGN ASSOC
WILLOW LODGE
HORSESHOE ROAD
SPALDING
Tel. No. 01775 767968 (contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

CHERRY HOLT HOUSE, # 1 ORCHARD CLOSE, PINCHBECK, SPALDING

Please complete

EARLIER APPLICATION No.

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

H14/0099/01

Please complete

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

Signed ..... Date 19-04-01

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: DETAILS OF BOUNDARY WALL TO CHERRY HOLT LANE.

State drawing no's relating to the current submission: 00/63/03

State condition no. under which this application is required: 2