CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H14/0601/99
Date registered 17 JUN 1999
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR & MRS INGLIS
51 POACHERS GATE
PINCHBECK
SPALDING LINCS.

Tel. No.

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

PODDINGTONS
44 DOUBLE ST.
SPALDING

Tel. No. 01775 761866 (Contact) J GRUNSHORN

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

AS APPLICANT.

OFFICE COPY

Please complete

EARLIER APPLICATION No.

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

H14/0285/99

Please complete

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

Signed ..... Date 15/6/99

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

(A) ADDITIONAL PARKING AREA
(B) LANDSCAPING

State drawing no's relating to the current submission 2893-01

State condition no. under which this application is required 2 AND 3