CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For official use only

Application No. W/96/0562/96

Date registered 15 JUL 1996

Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

Mr M. Sheffield
Sloan Farm
Dazells Brail
Rode Hole, Stadbrook

Tel. No.

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

EMBA
[illegible]
[illegible]
[illegible]

Tel. No. [illegible] (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

Sloan Farm, Dazells Brail, Rode Hole, Stadbrook

Please complete

EARLIER APPLICATION No.

This application cannot be considered unless the relevant reference is stated

OFFICE COPY

Please complete

I attach the requisite fee of £ for approval as described below

Signed [signature] Date 12-07-96

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. This application is for approval of additional details required by condition (s)

✓

State which details are submitted

TREE PLANTING SCHEME

State drawing no's relating to details submitted

96/09/01/A.

State condition no. under which details are required

2