# CONDITION COMPLIANCE APPLICATION

**4 COPIES OF FORM AND PLANS REQUIRED**

**For office use only**

Application No. H14/1004/99

Date registered 07 OCT 1999

Grid reference

1. Please complete in block letters

**NAME AND ADDRESS OF APPLICANT**

CARTRIDGE SERVICES LTD
23 HAWTHORN BANK
SPALDING
LINCS.

Tel. No.

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

E.M.D.A
WILLOW LODGE
HORNCASTLE RD
SPALDING

Tel. No. (Contact)

Please complete in block letters

**FULL POSTAL ADDRESS OF THE APPLICATION SITE**

WARDENTREE LANE, SPALDING, LINCS

OFFICE COPY

Please complete

**EARLIER APPLICATION No.**

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

H14/1200/9

Please complete

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

Signed ..... Date 7-10-99

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: LANDSCAPING

State drawing no's relating to the current submission: 99/11/03-C

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

**OFFICE USE ONLY**

Checking Officer:

| | Yes | No | **ADMIN** |
|---|---|---|---|
| Application Acceptable | ☐ | ☐ | Date Consult Sent |
| Consult Required ..... | ☐ | ☐ | ..... |
| Enclosures Required ..... | | | |

Notes:

Signature ..... Date .....

Case Officer:

Notes:

| | Yes | No |
|---|---|---|
| Condition Compliance Details Finally Accepted | ☐ | ☐ |

Details Accepted if different from Box 2:

Signature ..... Date .....