

CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

1. This form is for use only

2. File No.

3. Date received

4. Date of issue

H14/1116/99
- 4 NOV 1999

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

COUNTY INTERIORS LTD
WARDENREE LANE
SPALDING

Tel. No.

NAME AND ADDRESS OF AGENT

(If form completed by agent)

PODDINGTONS
44 DOUBLE ST
SPALDING
Lincs

Tel. No 761856 (Contact) R. POOL

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

WARDENREE LANE SPALDING

OFFICE
COPY

Please complete

EARLIER APPLICATION No.

This application cannot be considered
unless the relevant reference is stated

H14 - 0333 - 97

Please complete

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

Signed

[Signature]

PODDINGTONS

Date

4-11-99

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

2237-5

State condition no. under which this application is required

no 4