CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H14/1130/96
Date registered 10 DEC 1996
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

Swallow Premier Homes Ltd
West Elloe Avenue
Spalding
Lincolnshire

Tel. No.

NAME AND ADDRESS OF AGENT
(if form completed by agent)
Robert Doughty Consultancy
32 High Street, Helpringham
Sleaford
Lincolnshire NG34 ORA

Tel. No. 01529 421646 (Contact) Robert Doughty

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

Land off Flaxmill Lane, Pinchbeck, Spalding, Lincolnshire

Please complete

EARLIER APPLICATION No.

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

H14/0618/96

OFFICE COPY

Please complete

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

Signed ..... Date 9th December 1996

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

Scheme of landscaping and tree planting.

State drawing no's relating to the current submission

233/43/1

State condition no. under which this application is required

Condition 3