CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only

Application No. H14/1184/97

Date registered 10 NOV 1997

Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR. MRS C. TUKE
41 CHAUCERS WAY
SPALDING
LINCS.

Tel. No.

NAME AND ADDRESS OF AGENT

(if form completed by agent)

E.M.D.A
KILLOW LODGE
HORNCASTLE ROAD
SPALDING. LINCS

Tel. No. 767968 (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

GLENSIDE NORTH, WEST PINCHBECK, SPALDING. LINCS

Please complete

EARLIER APPLICATION No.

H14/0358/97.

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

Please complete

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

Signed ..... Date 7-11-97

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 (Y) ✓

State which details are submitted

TYPE OF FACING BRICK FOR EXTERNAL WALLS TO BE IBSTOCK GROSVENOR COUNTY MIXTURE

State drawing no's relating to the current submission —

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