

# CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

## For office use only

Application No. H14/1357/01

Date registered 27 NOV 2001

Grid reference

1. Please complete in block letters

### NAME AND ADDRESS OF APPLICANT

Mr A Sheriff  
104 London Rd

Tel. No. Long Sutton

### NAME AND ADDRESS OF AGENT

(if form completed by agent)

Tel. No. (Contact)

Please complete in block letters

### FULL POSTAL ADDRESS OF THE APPLICATION SITE

45B Knight Street, Pibek

Please complete

### EARLIER APPLICATION No.

This application cannot be considered  
unless the relevant reference is stated

H14/0637/01

Please complete

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

Signed ..... Date .....

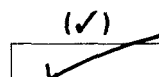
Please complete the section below.

**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

Fume Extraction  
+ odour  
Arrestment

State drawing no's relating to the current submission

4

State condition no. under which this application is required