CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H16/0107/97
Date registered
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT
PATTERSON PROPERTIES LTD
ORNOM HOUSE
ROMAN BANK
SPALDING, LINCS.
Tel. No.

NAME AND ADDRESS OF AGENT
(if form completed by agent)
OTHER ARCHITECTURAL DESIGN
HOCKLESGATE, FLEET
SPALDING, LINCS
01406 423762
Tel. No. (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE
THE COURTYARD, S. HIGH ST
SPALDING. LINCS

OFFICE COPY

Please complete

EARLIER APPLICATION No.

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

H16/0617/95
H16/0618/95

Please complete

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

Signed ..... Date 30-1-97

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 (✓) ✓

State which details are submitted

ALL WINDOWS WILL BE DOUBLE GLAZED WITH MIN. 6mm AIR GAP. UNITS.

State drawing no's relating to the current submission —

State condition no. under which this application is required 4.