CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H16/0198/95
Date registered 24 FEB 1995
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

"P. A. BOWMAN PRODUCE"
"SPRINGFIELDS NURSERY"
CAMEL GATE
ROMAN BANK SPALDING
LINCS

Tel. No.

NAME AND ADDRESS OF AGENT
(if form completed by agent)

PODDINGTONS
43 DOUBLE STREET
SPALDING LINCOLNSHIRE
PE11 2AA

Tel. No. 0775 761856 (Contact) J CRUNKHORN

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

"SPRINGFIELDS NURSERY", CAMEL GATE,
ROMAN BANK, SPALDING, LINCOLNSHIRE.

Please complete

EARLIER APPLICATION No.

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

H16/1190/94

OFFICE COPY

Please complete

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

Signed ..... Date 24/2/95

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 DETAILS SUBMITTED AS REQ'D BY CONDITION N°D 3

State drawing no's relating to the current submission 2603/2C

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