# CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

**For office use only**
Application No. H/16/0271/95
Date registered
Grid reference

1. Please complete in block letters

**NAME AND ADDRESS OF APPLICANT**

MACS NEIGHBOURHOOD CENTRES LTD
Graham House, 7 Wyllyotts Place,
Potters Bar, Herts EN6 2JD

Tel. No.

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

JEFFREY TAYLOR ASSOCIATES
76 Gurney Court Road,
St Albans, Herts AL1 4RJ
Tel. No. 0727 843886 (Contact) Mr J Taylor

Please complete in block letters

**FULL POSTAL ADDRESS OF THE APPLICATION SITE**

The Neighbourhood Centre
Wygate Park, Spalding, Lincs.

Please complete

**EARLIER APPLICATION No.**

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

H/16/0265/94

Please complete

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

Signed J.P. Taylor Date 3/3/95

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

4 no. copies of drawing
374/SK/05

Scheme for control of fumes & odours as Cond. 12 of planning inspectorate decision notice dated 24/1/95.

State drawing no's relating to the current submission

State condition no. under which this application is required