

CONDITION COMPLIANCE OFFICE APPLICATION COPY

4 COPIES OF FORM AND PLANS REQUIRED

For office use only

Application No. H16/0427/01

Date registered - 5 APR 2001

Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MRS K. YUK LIN LAW
CRYSTAL INN
CHURCHGATE, SPALDING Lincs.

Tel. No.

NAME AND ADDRESS OF AGENT

(if form completed by agent)

R.N. COWLING M.B.I.A.T.
9. GAWWAY CLOSE
SPALDING Lincs. PE11.3FL
Tel. No. 01775 (Contact) AS ABOVE.
723836

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

'CRYSTAL INN' 576 CHURCHGATE, SPALDING Lincs.

Please complete

EARLIER APPLICATION No.

This application cannot be considered unless the relevant reference is stated

H16/0494/96
(DWELLING HOUSE BEHIND
THE 'CRYSTAL INN')

Please complete

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

Signed

R.N. Cowling

Date

5th APRIL 2001

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

(V)

✓

State which details are submitted

2 NO. WILLAN ACOUSTIC
WALL VENTS, TYPE 80dB
(1 NO. BEDROOM 1.
1 NO. BEDROOM 3.)

State drawing no's relating to the current submission

4 COPIES MANUFACTURED
DETAILS.

State condition no. under which this application is required

4 (FOUR)