CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H16/0465/98
Date registered 08 MAY 1998
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

Everybodys Gym
1 Bedford Place
Spaldng

Tel. No.

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

M Rogers
25 Queens Road
Spaldng

Tel. No. (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

1 Bedford Place, Spaldng

Please complete

EARLIER APPLICATION No.

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

H16/1033/96

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

Archaeological watching Brief

State drawing no's relating to the current submission

State condition no. under which this application is required

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