

CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only

Application No. **H16/0615/03**

Date registered **14 MAY 2003**

Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

Dr. and Mrs. Rodgers,
22, Welland Terrace,
London Road,
SPALDING

Tel. No.

PE11 2TA

NAME AND ADDRESS OF AGENT

(if form completed by agent)

BUILDING DESIGN and PLANS

ALWYN ROFFE,
1, Green Lane,
SPALDING, Lincs. PE11 2YB
tel : 01775 - 723 680

Tel. No.

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

22, Welland Terrace, London Road, SPALDING.

Please complete

EARLIER APPLICATION No.

This application cannot be considered
unless the relevant reference is stated

H16/0049/03

Please complete

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

Signed *A. Hope*

Date **13th May 2003**

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

- Full size sections of doors and frames
- 1:10 Scale drawing

State drawing no's relating to the current submission

1, 2, 3, 4. and 230513

State condition no. under which this application is required

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