CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For Council use only
Application No. H16/0673/98
Date Application Received 30-JUN-98
Date Valid ~~1-JUL-1998~~ 30-JUN-98

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

Mr G Pasquarino
15 Redburn Street
Spaldings
Tel. No.

NAME AND ADDRESS OF AGENT
(if any)

Mr Disandolo
0802 738566

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

15 Redburn Street Spaldings

OFFICE COPY

Please complete

EARLIER APPLICATION No.

This application cannot be considered unless the relevant reference is stated

H16/858/95

Please complete

I attach the necessary plans and [illegible]

Signed 30-6-98

Please complete the section below.

This form is for approval of additional details [illegible] use this form – ask for Planning Application forms.

If a condition restricts activity in some way and you [illegible] not use this form – ask for Planning Application forms.

If a condition requires activity to be carried out [illegible] for approval, unless the condition specifically [illegible]

2. The application is for approval of details required by a condition (✓) ✓

State which details are submitted

Roof Slate
ETERNIT ~~DURACEM~~
Sample Submitted.

State drawing no's relating to the current submission

State condition no. under which this application is required 3