CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H16/0836/95
Date registered 14 AUG 1995
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT
Michael Kiely Holdings Ltd
152 Shortmead Street
Biggleswade
Beds

Tel. No.

NAME AND ADDRESS OF AGENT
(if form completed by agent)
Status Design
4 Princes Street
Holbeach
Spalding Lincs PE12 7BB
Tel. No. 424343 (Contact) B. Gilham

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

23 High Street, Spalding, Lincs

OFFICE COPY

Please complete

EARLIER APPLICATION No.

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

H16/0382/95

Please complete

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

Signed ..A.C. Waterhouse..... Date 11th August 1995

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

External materials to be L.B.C.
Heather facing bricks
Construction and appearance of entrance gate

State drawing no's relating to the current submission: 771821/2

State condition no. under which this application is required: 2 and 3