CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No H16/0868/94
Date registered 05 AUG 1997
Site reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR CARTER
66A PINCHBECK ROAD
SPALDING.
Tel. No.

NAME AND ADDRESS OF AGENT
(if form completed by agent)
A C PORTER.
A J BUILDERS.
26 FOALHERS GATE, PINCHBECK.
Tel. No. (Contact)
01775 714363

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

66A PINCHBEEK RD, SPALDING

OFFICE COPY

Please complete

EARLIER APPLICATION No.

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

H16/0875/96.

Please complete

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

Signed A C Porter Date 5/8/97

Please complete the section below.

This form is for **approval of additional** details. For any kind of reserved matters application use this form – ask for Planning Application forms.

If a condition restricts activity in some way and you wish to remove that restriction do not use this form – ask for Planning Application forms.

If a condition requires activity to be carried out in a particular 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

BRICK SAMPLE.

State drawing no's relating to the current submission

State condition no. under which this application is required CONDITION 2.