

CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only

Application No. H16/0819/00

Date registered 13 JUL 2000

Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

SPALDING TOWN HAWK TENNIS
CLUB
HOLYROAD WALK
SPALDING

Tel. No.

NAME AND ADDRESS OF AGENT

(if form completed by agent)

COLIN TWIGGER
44 HATT CLOSE MOULTON
SPALDING, Lincs.

Tel. No.

01406 371339 (Contact)

Please complete in block letters

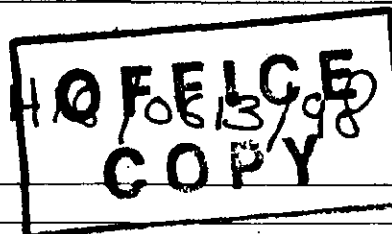
FULL POSTAL ADDRESS OF THE APPLICATION SITE

HOLYROAD WALK, SPALDING, Lincs.

Please complete

EARLIER APPLICATION No.

This application cannot be considered
unless the relevant reference is stated



Please complete

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

Signed

Colin Twigger

Date

12/7/00

Please complete the section below.

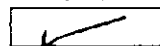
This form is for approval of additional details. For approval of reserved matters you should not use this form – ask for Planning Application forms.

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

Details of Surface
water drainage.

State drawing no's relating to the current submission

State condition no. under which this application is required

3.