CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No
Date registered
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

NAME AND ADDRESS OF AGENT
(if form completed by agent)

Tel. No. Tel. No. (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

Please complet

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unless the ref

Please complete

I attach the ne

Signed .....

Peter

Can you sort out the Con/

Copy side of this please

Ta 2/8

Please complete

This form is for ap

use this for

If a condition restric

not use this form

If a condition requires activity to be carried out in a certain way you do not normally need to apply for approval unless

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

State which details are submitted

State drawing no's relating to the current submission

State condition no. under which this application is required