

CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only

Application No.

H16/0982/97

Date registered

11 SEP 1997

Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

EVERYBODY'S GYM
1, BEDFORD PLACE,
SPALDING,
Lincs.

Tel. No.

NAME AND ADDRESS OF AGENT

(if form completed by agent)

M. ROGERS
25, QUEENS ROAD,
SPALDING,
Lincs

Tel. No.

769371 (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

1, BEDFORD PLACE,
SPALDING,
Lincs.

OFFICE
COPY

Please complete

EARLIER APPLICATION No.

This application cannot be considered
unless the relevant reference is stated

H/16 / 1033/96

Please complete

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

Signed Mark Rogers

Date 10th Sept 97

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

ARCHAEOLOGIST TO BE USED WILL BE;
ARCHAEOLOGICAL PROTECT SERVICES,
THE OLD SCHOOL,
CAMERON STREET,
HECKINGTON,
SLEAFORD.
NG34 9RW TEL: 01529 461619

State drawing no's relating to the current submission

9616/1 Rev D

State condition no. under which this application is required

No 2