CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

Office use only
H16/1013/99.
11 OCT 1999

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR AND MRS A. STANBERRY.
C/O PODDINGTONS
44 DOUBLE STREET
SPALDING

Tel. No.

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

PODDINGTONS
44 DOUBLE STREET
SPALDING LINCS

Tel. No. 01775 761856 (Contact) MR J CRUNKHORN

OFFICE COPY

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

54 PINCHBECK ROAD SPALDING.

Please complete

EARLIER APPLICATION No. H16/0608/99

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 ..... Date 12TH OCTOBER 1999

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: LANDSCAPING.

State drawing no's relating to the current submission: 2892 - 05 A

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