CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H16/1193/97
Date registered 12 NOV 1997
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

TURNERS TURKEYS LTD
SPALDING DROVE
CLAY LAKE
SPALDING
LINCS. PE12 6BL
Tel. No. 01775 767444

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

ARCHAEOLOGICAL PROJECT SERVICES
THE OLD SCHOOL, CAMERON STREET,
HECKINGTON, SLEAFORD,
LINCS. NG34 9RN
Tel. No. 01529 461618 (Contact) GARY TAYLOR

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

TURNER'S TURKEYS Ltd, SPALDING DROVE,
CLAY LAKE
SPALDING, PE12 6BL

Please complete

EARLIER APPLICATION No.

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

H16/0389/97

Please complete

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

Signed ..... Date 10/11/97

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

SPECIFICATION FOR ARCHAEOLOGICAL WATCHING BRIEF

State drawing no's relating to the current submission

State condition no. under which this application is required 2