# CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

**For office use only**

Application No. H16/1274/00

Date registered 24 OCT 2000

Grid reference

1. Please complete in block letters

**NAME AND ADDRESS OF APPLICANT**

ST. MATTHEWS HOUSING.
4 THE OLD CHURCH
ST MATTHEWS ROAD.
NORWICH NR1 1SP
Tel. No. (01603) 442010

**NAME AND ADDRESS OF AGENT**

(if form completed by agent)
LANGWITH DESIGN ASSOCIATES,
72, CHURCH STREET
HOLBEACH,
SPALDING, LINCS. PE12 7LL
Tel. No. (01406) 425766. (Contact) TONY HICKS

Please complete in block letters

**FULL POSTAL ADDRESS OF THE APPLICATION SITE**

SITE OFF PARK ROAD, SPALDING, LINCOLNSHIRE.

OFFICE COPY

Please complete

**EARLIER APPLICATION No.**

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

H16/1079/99.

Please complete

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

Signed A.D.H.L. P.P. LANGWITH DESIGN ASSOC. Date 24/10/00.

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: ACCESS, DRIVE & PARKING AREAS.

State drawing no's relating to the current submission: DRG Nos. LDA/065/01.H LDA/065/08

State condition no. under which this application is required: No. 5.