

CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only

Application No. H16/1312/00.

Date registered - 1 NOV 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

OFFICE
COPY

NAME AND ADDRESS OF AGENT

(If form completed by agent)
LANGWITH DESIGN ASSOCIATES
12, CHURCH STREET,
HOUSEARCH,
SPALDING, Lincs. PE12 7LL

(01406) 425766

(Contact)

TONY HICKS.

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

SITE OFF PARK ROAD, SPALDING, Lincs.

Please complete

EARLIER APPLICATION No.

H16/1079/99

This application can not be considered
unless the relevant reference is stated

Please complete

I attach the necessary plans and drawings to this application as shown below

Signed

A. P. Langwith P.P. LANGWITH DESIGN ASSOC.

1/11/00.

Please complete

This form is for use in connection with the application of a condition of planning control. It should not be used for applications for planning permission.

If a condition is to be applied to the development, the applicant should complete this form and attach the necessary plans and drawings to the application.

If a condition is to be applied to the development, the applicant should complete this form and attach the necessary plans and drawings to the application.

2. The application is for approval of a condition of planning control

State which details are to be approved

ROOF TILES TO BE REDLAND
MINI-STONEWOLD IN SLATE GREY.

State drawing no's relating to the current application

N/A.

State condition no. under which the application is made

4 (PART)