CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only

Application No. H16/1320/00

Date registered 06 NOV 2000

Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR. MRS R. JOSE
2 WEST ELLOE AVENUE
SPALDING
LINCS.

Tel. No.

NAME AND ADDRESS OF AGENT

(if form completed by agent)

CMDA
WILLOW LODGE
HORNHOE ROAD
SPALDING. LINCS.

Tel. No. 01775 767968

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

LAND ADJ. 2 WEST ELLOE AVENUE, SPALDING. LINCS.

OFFICE COPY

Please complete

EARLIER APPLICATION No.

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

H16/0659/00

Please complete

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

Signed ..... Date 6-11-00

Please complete the section below.

This form is for approval of additional details. For approval of reserved matters use this form – ask for Planning Application forms.

If a condition restricts activity in some way, and you wish to remove that restriction, do not use this form – ask for Planning Application forms.

If a condition requires activity to be carried out in a certain way, you must 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

ROOF TILE TO BE SANDTOFT PANTILE SMOOTH, TERRACOTTA RED.

State drawing no's relating to the current submission —

State condition no. under which this application is required 4