CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No: H16/1331/00
Date received: 10 NOV 2000
Fee paid: Receipt No:

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

ST. MATTHEWS HOUSING,
A, THE OLD CHURCH
ST. MATTHEWS ROAD,
NORWICH
Tel. No. (01603) 442010

NAME AND ADDRESS OF AGENT

(if any to be completed by agent)

LANGWITH DESIGN ASSOCIATES,
72, CHURCH STREET,
HOLBEACH, 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

OFFICE COPY

Please complete

EARLIER APPLICATION No.

H16/1079/99

This application cannot be considered unless the relevant [illegible]

Please complete

I attach the necessary [illegible] fee.

Signed A.D.Hall P.P. LANGWITH DESIGN ASSOC. 09/11/00.

Please complete

This form is for use [illegible] use this form [illegible]

If a condition [illegible] not use this form [illegible]

If a condition [illegible] for approval [illegible]

2. The application is for approval of details required by condition No. (✓) ✓

State which condition: ACOUSTIC VENTS TO BEDROOM WINDOWS.

State drawing no(s) relating to the details submitted: SEE MANUFACTURERS INFORMATION ATTACHED

State condition no. under which details are submitted: No 8.