CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

OFFICE COPY

For office use only
Application No. H17/1003/02
Date registered - 6 SEP 2002
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR & MRS D GRAY
175 STOCKHOUSE LANE
SUTTERTON
SPALDING, LINCS.
Tel. No.

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

G.R. MERCHANT
UNIT 4 WRIGHTS MEWS
12A PARK ROAD
HOLBEACH
Tel. No. 01406 426000 (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

AS ABOVE.

Please complete

EARLIER APPLICATION No.

This application cannot be considered unless the relevant reference is stated

H17/0278/02.

Please complete

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

Signed G.R. Merchant Date 4.9.02.

Please [illegible]

This form is for approval of additional details or approval of reserved matters you should not use this form for [illegible]

If a condition restricts approval to a period and you wish to remove that restriction, you should not use this form but [illegible] forms.

If a condition requires work to be carried out in a certain way, you do not normally need to apply for approval [illegible]

(✓)

2. The application is for approval of details required by a condition ✓

State which details are submitted

LANDSCAPING.

State drawing no's relating to the current submission

State condition no. under which this application is required 2.