CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H17/1285/01
Date registered - 8 NOV 2001
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

D.P. WRIGHT
9 AVIGNON ROAD
SPALDING
LINCOLNSHIRE PE11 1HW
Tel. No. 01775 722358

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

N/A

Tel. No. (Contact)

OFFICE COPY

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

OLD LAMMAS RESERVOIR ROAD, SURFLEET SEAS END, SPALDING, LINCOLNSHIRE PE11 1DH

Please complete

EARLIER APPLICATION No.

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

H17/0164/01

Please complete

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

Signed D P Wright Date 7th November 2001

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

LANDSCAPING DETAILS

State drawing no's relating to the current submission DPW-1/5 01

State condition no. under which this application is required 2