CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H20/0161/95
Date registered 15 FEB 1995
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

T.W. Roffe and Son,
46, Chapel Gate,
SUTTON St. JAMES
Spalding.

Tel. No.

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

Building Design and Plans
A. ROFFE - 1, Green Lane,
SPALDING, Lincs. PE11 2YB
Tel: 0775 - 723680

Tel. No.

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

Chapel Gate, SUTTON St. JAMES.

Please complete

EARLIER APPLICATION No.

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

H20/0721/94

Please complete

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

Signed A. Roffe. Date 16th February 1995

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: Fume Extraction System

State drawing no's relating to the current submission: dated January 1995

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