CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H20/0792/94.
Date registered 11 AUG 1994
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

C. J. BOLAND.
FOXCLIFFE.
NEALSGATE,
FLEET Hsts.

Tel. No.

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

G. R. MERCHANT.
UNIT 3.
12A PARK ROAD.

Tel. No. 0406 490800. (Contact) HOLBEACH

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

SUTTON GATE, SUTTON - ST - JAMES.

Please complete

EARLIER APPLICATION No.

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

H20/0514/94.

Please complete

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

Signed G. R. Merchant Date 9.8.94.

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

BRICKS:- [illegible].

LBC - FLETTON DARK RED

State drawing no's relating to the current submission —

State condition no. under which this application is required 1.