CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H20/0893/01
Date registered 20 JUL 2001
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

F.S. CAMPLING
FISHERGATE,
SUTTON ST.JAMES
SPALDING, LINCS.

Tel. No.

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

ARCHITECTURAL DESIGN SERVICES – S. J. THROWER
3 NEWGATE RD, TYDD ST. GILES, WISBECH, PE13 5LH.

Tel. No. 01945 870022 (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

BOWLING CENTRE, FISHERGATE, SUTTON ST. JAMES.

Please complete

EARLIER APPLICATION No.

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

H20/0519/00.

OFFICE COPY

Please complete

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

Signed S J Thrower Date 19/07/01

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

CONDITION 2 OF APPROVAL.

STEEL SHEETING OUTER LAYER WITH RIGID FOAM INSULATION BETWEEN & INNER LINER BOARD. (BOUNDARY SIDE TO HAVE ADDITIONAL 100mm CELCON BLOCK INNER WALL FOR FIRE RESISTANCE & IMPROVED SOUND PROOFING. (NOTE THIS AREA WILL BE USED FOR LIMITED PERSONS ETC)

State drawing no's relating to the current submission 2.

State condition no. under which this application is required