CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H20/1056/97
Date registered
Gric reference 01 OCT 1997

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR. B. CLEGHORN & MS. S. CAWSEY
RIVERSIDE, JARVIS GATE
SUTTON ST. JAMES, SPALDING
LINCS PE12 0EP

Tel. No. 01945 440054

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

Tel. No. (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

RIVERSIDE, JARVIS GATE, SUTTON ST. JAMES
SPALDING, LINCS, PE12 0EP

Please complete

EARLIER APPLICATION No.

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

H20/0626/97

OFFICE COPY

Please complete

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

Signed S.L Cawsey. B.C Cleghorn Date 26/9/97

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

PLAN
Letter "Lincs County Council"
L.C.C. Specification Schedule

State drawing no's relating to the current submission

94 Plan site

State condition no. under which this application is required

2 & 3 of Planning Permission