CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H21/0276/98
Date registered
Grid reference 1 [illegible]

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MRS M.C. HALLIFAX
FENLANDS, CHURCHWAY
TYDD ST MARY WISBECH
Tel. No. 01945 420619 PE13 5QY

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

Tel. No. (Contact)

Please complete in block letters

FULL STATED ADDRESS OF THE APPLICATION SITE

COOLING COTTAGE RECTORY ROAD TYDD ST MARY

Please quote

RELATED APPLICATION No.

This application cannot be considered unless this reference is stated

H21/0647/97

Please sign here

I/We hereby submit the plans and apply for approval as described below

Signed M.C. Hallifax Date 7-3-98

Please read the notes in the section below.

This form is for the approval of **additional details**. For approval of reserved matters you should not use this form. Ask for Planning Application forms.

If a planning permission limits 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

4/ Renewal of existing frontage wall

5/ Demolition of existing garage. Not necessary

State drawing no's relating to the current submission

State condition no. under which this application is required

4 + 5