CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H22/0825/99
Date registered 17 AUG 1999
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT
BARTREE NURSERIES
HIGH ROAD
WESTON SPALDING.
Tel. No.

NAME AND ADDRESS OF AGENT
(if form completed by agent)
ROGER WILLIAMS
53. PULVERTOFT LANE
BOSTON PE21 8TB
Tel. No. 363603 (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

HIGH ROAD WESTON SPALDING PE12 6JH

OFFICE COPY

Please complete

EARLIER APPLICATION No.

H22/0178/99

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

Please complete

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

Signed R Williams Date 16th August 99

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: LANDSCAPING

State drawing no's relating to the current submission

State condition no. under which this application is required: No. 3.