CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H23/0521/02
Date registered - 1 MAY 2002
Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

Greenaway & Sampson
4 Shivers Gate
Moulton

Tel. No

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

APS

Tel. No. (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

Land at 17 Saracens Head

Please complete

EARLIER APPLICATION No.

H23/0244/99.

This application cannot be considered unless the relevant [illegible]

Please complete

I attach the necessary [illegible] approval as described below

Signed

Date

Please [illegible]

This [illegible] approval of reserved matters you should not use [illegible]

If a condition [illegible] wish to remove that restriction, you should not use [illegible]

If a condition [illegible] certain way, you do not normally need to apply for approval [illegible]

2. The application is for approval of details required by a condition (✓) ✓

State which details are submitted

Archeaological watching Brief

State drawing no's relating to the current submission

State condition no. under which this application is required 6