

CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only

Application No. H23/10709/00

Date registered - 2 JUN 2000

Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR. & MRS. D.I. THOMPSON
c/o MOULTON DESIGN
63 EAST COBGATE, MOULTON, Lincs
LE12 6QJ

Tel. No.

NAME AND ADDRESS OF AGENT

(if form completed by agent)

MOULTON DESIGN
63 EAST COBGATE
MOULTON, Lincs LE12 6QJ
Tel. No. 01406 373307 (Contact) ALAN FINCH

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

PLOT AT MIDDLE ROAD, WHAPLODE

Please complete

EARLIER APPLICATION No.

This application cannot be considered unless the relevant reference is stated

H23/1035/99

Please complete

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

Signed

Alan J. Finch

Date

2/6/00

Please complete the section below.

This form is for approval of additional details. For approval of new details, you should not use this form - ask for Planning Application forms.

If a condition restricts activity in some way, and you wish to remove the 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 should usually 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

DETAILS OF FOUL WATER DISPOSAL TO
PACKAGE TREATMENT PLANT
AND APPROVAL FROM SHDB FOR DISCHARGE
TO S.W. DRAIN.

State drawing no's relating to the current submission

~~H23~~ 990903/01.

State condition no. under which this application is required

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