

CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only

Application No.

H23/1271/00

Date registered

24 OCT 2000

Grid reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

C J. Boland
Foxcliffe
Nealsgate
Fleet Fen

Tel. No.

NAME AND ADDRESS OF AGENT

(if form completed by agent)

OFFICE
COPY

(Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

Cranesgate South, Whaploade St. Catherine.

Please complete

EARLIER APPLICATION No.

H23/1060/99

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

C. Smith

Date

24.10.2000

Please complete the section below

This form is for approval of additional details. In approval of reserved matters you should not use this form — ask for Planning Application Form.

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 Form.

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

Percolation Tests

State drawing no's relating to the current submission

State condition no. under which this application is required

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