

Recommendation Report

Application No.

A/90/13

Committee ☐

Date

Delegated ☒

Recommend Permission ☒

Recommend Refusal ☐

	Date	Signature
Prepared by Case Officer	4/9	
Agreed by Team Leader	8/9	
Agreed by H.O.P.S / P.C.M. (if required)		
Committee Plans		

Comments: