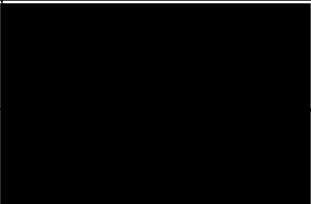


Recommendation Report

Application No. B/2/11

Committee ☐ - Date _____

Delegated ☒

	Date	Signature
Prepared by Case Officer	14-3-11	
Agreed by Team Leader	14-3-11	
Agreed by H.O.P.S. / P.C.M. (if required)		
O.S. Extract requested		

Comments: