

ACTION SHEET

APPLICATION REF EP/16/15/HH OFFICER INITIALS 

MARK UP AS PART OF APPLICATION Y/N DATE RECEIVED

SUBSTITUTE PLANS/FORMS
(Provide details e.g. plan number/type) Y/N DATE RECEIVED

1287/14/P/02A + 1287/14/P/01A 31/03/15

SUPPLEMENTARY PLANS Y/N DATE RECEIVED

MINOR AMENDMENT Y/N DATE RECEIVED

RE-ADVERTISEMENT Y/N List No
IF YES, reason for re-advertisement:

CHANGE DESCRIPTION/ADDRESS Y/N

NOTIFY PARISH Y/N

NOTIFY REPS Y/N
IF YES, no. of days to reply.....

OFFICER SIGNATURE  DATED 31/03/15

ACTIONER SIGNATURE NS DATED 31/3/15

* See Email