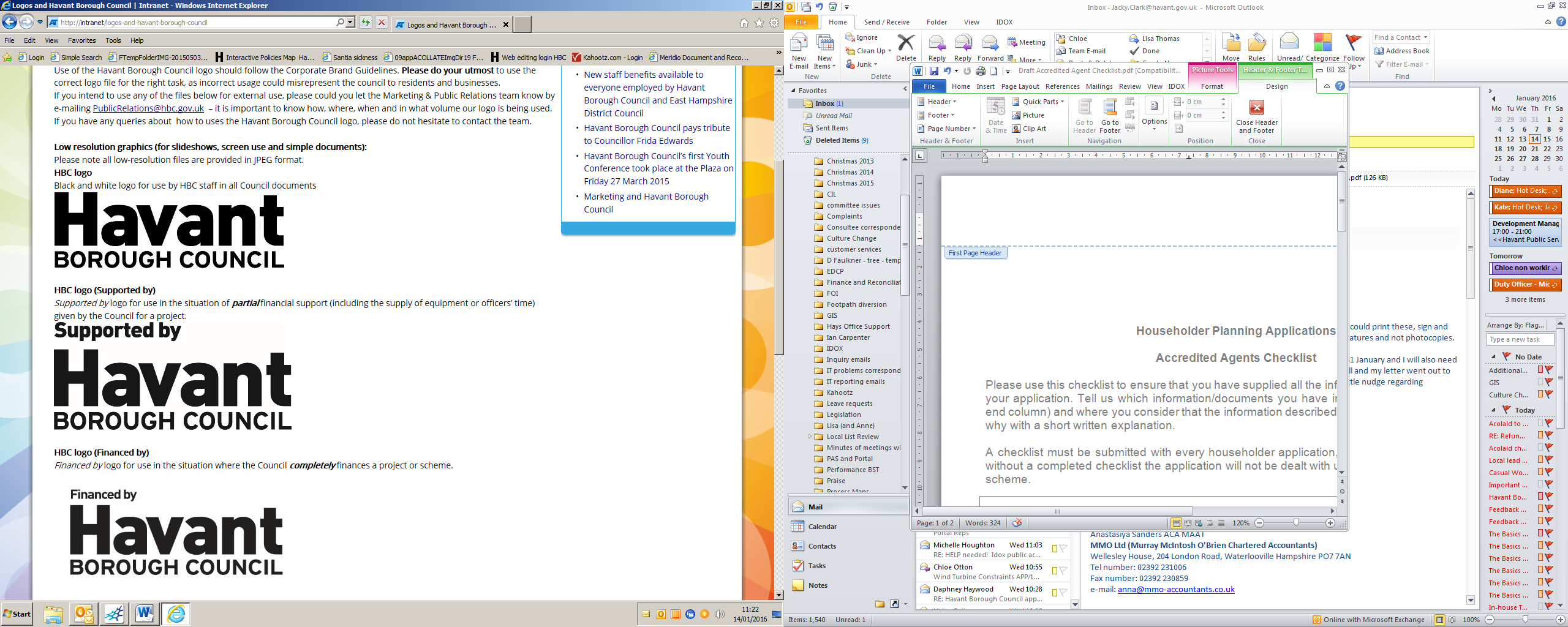
**DISCHARGE OF CONDITION**

**Samples Submission Form**

Please complete this form and leave with your samples/material

**Submission Details**

**Applicant Name:**

**Site Address:**

**Original Planning Application number:**

**Date samples brought in:**

**Payment Details**

**Payment of £116 or £34 (as appropriate) has been paid via**

* **Online telephone payment**
* **Cheque**
* **Card or cash payment through payment kiosk in the Plaza**

**Date of payment:**

**Samples**

**Please detail below what you are submitting (type and quantity)**

For each sample material submitted, please include where possible: manufacturer’s name, product name and reference number, colour. (Continue overleaf if necessary)

***Please mark each sample clearly with the Application number.***