...EE COPIES REQUIRED

ADVERTISEMENT APPLICATION

For office use only
Application No. H16/0590/96
Date Registered 25 JUN 1996
Grid Reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

ARGOS DISTRIBUTORS LIMITED
AVEBURY, 489/499 AVEBURY BOULEVARD
SAXON GATE WEST, CENTRAL MILTON KEYNES
BUCKS

Tel. No.

NAME AND ADDRESS OF AGENT
(if form completed by agent)
DOWNES ILLINGSWORTH PARTNERSHIP LIMITED
MIDLAND BANK CHAMBERS, 77 MARKET PLACE,
THIRSK, NORTH YORKSHIRE YO7 1EU

Tel. No. 01845 524758
(Personal contact name) P WALKLAND

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

UNIT 4, HOLLAND MARKET, SPALDING

OFFICE COPY

Please complete in block letters

BRIEF DESCRIPTION OF ADVERTISEMENT PROPOSED
(e.g. fascia sign, projecting box sign)

3NO. FASCIA SIGNS

Please complete
I attach the necessary plans and I enclose the fee of £ 45.00

Signed ..... (Applicant/Agent) Date 24.6.96

Please complete **all** the sections below

2. **SITE DETAILS**	
State the present use of the land or buildings:	BUILDING SITE
What is the applicant's interest in the site? (e.g. owner, tenant)	TENANT

Has a planning application also been submitted for related proposals?	State Yes or No: YES
If so, please describe the proposal or give planning reference.	RETAIL UNITS

3. **ADVERTISEMENT DETAILS**	
Will the advertisement be illuminated?	State Yes or No: YES
If so, describe the type of illumination (e.g. internal): state whether static or intermittent:	INTERNAL, STATIC
State height of advertisement above ground level: dimensions of advertisement: size of letters or symbols: colours of letters and background:	3000 TO U/S 2180x645 STANDARD DETAILS ENCLOSED

4. **DURATION**	
Please state period consent is required for (max. 5 yrs).	5 YEARS