CONDITION COMPLIANCE APPLICATION

4 COPIES OF FORM AND PLANS REQUIRED

For office use only
Application No. H16/0781/96
Date registered 20 AUG 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 MK9 2NW
Tel. No.

NAME AND ADDRESS OF AGENT
(if form completed by agent)
DOWNES ILLINGSWORTH PARTNERSHP LIMITED
MIDLAND BANK CHAMBERS
77 MARKET PLACE,
THIRSK YO7 1EU
Tel. No. 01845 524758 (Contact) P WALKLAND

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

UNIT 4, HOLLAND MARKET, SPALDING

Please complete

EARLIER APPLICATION No.

This application **cannot be considered** unless the relevant reference is stated

H16/0087/96

Please complete

I attach the necessary plans and apply for approval as described below

Signed R. Illingworth Date 16.8.96

Please complete the section below.

This form is for approval of additional details. For approval of reserved matters you should not use this form — ask for Planning Application forms.

If a condition restricts activity in some way, and you wish to remove that restriction, you should not use this form — ask for Planning Application forms.

If a condition requires activity to be carried out in a certain way, you do not normally need to apply for approval, unless the condition specifically requires it.

2. The application is for approval of details required by a condition (✓) 12

State which details are submitted

DRAWING NUMBER 2421/02B

State drawing no's relating to the current submission

State condition no. under which this application is required