THREE COPIES REQUIRED

ADVERTISEMENT APPLICATION

For office use only
Application No. H08/0551/99
Date Registered 04 JUN 1999
Grid Reference

1. Please complete in block letters
NAME AND ADDRESS OF APPLICANT

MR. & MRS. A. D. FRAGALE
97 SPALDING ROAD
PINCHBECK, LINCS. PE11 3UE

Tel. No. 01775 766359

NAME AND ADDRESS OF AGENT
(if form completed by agent)

OFFICE COPY

Tel. No.
(Personal contact name)

Please complete in block letters
FULL POSTAL ADDRESS OF THE APPLICATION SITE
CHIPPY D'S FISH AND CHIP SHOP- (LOCATED AT REAR OF)
77 HIGH ST. - GOSBERTON LINCS

Please complete in block letters
BRIEF DESCRIPTION OF ADVERTISEMENT PROPOSED
(e.g. fascia sign, projecting box sign)

FASCIA SIGN AND MINI FLOOD LIGHTS

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

Signed....A.D.Fragale..... (Applicant/Agent) Date....4th June 99....

Please complete **all** the sections below

2. SITE DETAILS State the present use of the land or buildings:	FISH & CHIP SHOP TAKE AWAY FOOD.
What is the applicant's interest in the site? (e.g. owner, tenant)	OWNER OF PROPERTY
Has a planning application also been submitted for related proposals?	State Yes or No
If so, please describe the proposal or give planning reference.	

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:	MINI FLOOD - STATIC 150 W BULB WITH FLAPS TO OBSARUE LIGHT.
State height of advertisement above ground level: dimensions of advertisement: size of letters or symbols: colours of letters and background:	
4. DURATION Please state period consent is required for (max. 5 yrs).	INDEF.