THREE COPIES REQUIRED

ADVERTISEMENT APPLICATION

For office use only
Application No. H09/0960/99
Date Registered 27 SEP 1999
Grid Reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT
L. S. HAWKINS & SON
CHAPEL STREET
HOLBEACH
SPALDING
LINCS
PE12 7DJ
Tel. No. 01406 423348.

NAME AND ADDRESS OF AGENT
(if form completed by agent)
RICHARD J. DIGGLE
9 CAGGONS CLOSE
DEEPING HILLS
SPALDING, LINCS, PE12 6DX.
Tel. No. 01775 710261.
(Personal contact name) MR. R. DIGGLE.

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE
L. S. HAWKINS & SON
CHAPEL STREET, HOLBEACH, SPALDING, LINCS, PE12 7DJ

Please complete in block letters

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

OFFICE COPY

Please complete
I attach the necessary plans and I enclose the fee of £50.00.

Signed..... (~~Applicant~~/Agent) Date 17/09/99.

Please complete **all** the sections below

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

3. ADVERTISEMENT DETAILS Will the advertisement be illuminated?	State Yes or No NO.
If so, describe the type of illumination (e.g. internal): state whether static or intermittent:	
State height of advertisement above ground level: dimensions of advertisement: size of letters or symbols: colours of letters and background:	SEE ENCLOSED DRAWING NOS. 299/01, 02 & 03.
4. DURATION Please state period consent is required for (max. 5 yrs).	5 YEARS.