THREE COPIES REQUIRED

ADVERTISEMENT APPLICATION C[illegible]

COPY

For office use only
Application No. H09/1364/01.
Date Registered
Grid Reference 29 NOV 2001

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT
MR B. FOSTER
16 HIGH STREET
HOLBEACH
SPALDING
LINCOLNSHIRE

Tel No.

NAME AND ADDRESS OF AGENT
(if form completed by agent)
TREVOR A CLAY RIBA
CHARTERED ARCHITECT
KOLDFENDIKE ROAD
WESTON HILLS
SPALDING
LINCOLNSHIRE PE12 6DD
Tel. No. 01406 380027
(Personal contact name) Trevor Clay

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

16 HIGH STREET HOLBEACH

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 £ 50-00

Signed [signature] (~~Applicant~~/Agent) Date 27 November 01

Please complete all the sections below

2. SITE DETAILS	
State the present use of the land or buildings:	RETAIL PHARMACY
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: YES
If so, please describe the proposal or give planning reference.	SIGNIFICANT ALTERATIONS - SUBMITTED 27/11/01
3. ADVERTISEMENT DETAILS	
Will the advertisement be illuminated?	State Yes or No: YES MAIN SIGN ONLY
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:	• DIMENSIONS GIVEN ON DRAWINGS • SEE DRAWINGS - MAX HEIGHT APPROX 175mm • SEE ILLUSTRATIONS
4. DURATION	
Please state period consent is required for (max. 5 yrs).	MAXIMUM.