THREE COPIES REQUIRED

ADVERTISEMENT APPLICATION

For office use only
Application No. H11/0933/94
Date Registered 28 SEP 1994
Grid Reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MOSS CHEMISTS
FERN GROVE
FELTHAM
MIDDLESEX TW41 9BD

Tel. No.

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

STERLING SIGNS LTD.
MILLMEAD BUSINESS CENTRE
MILL MEAD ROAD
TOTTENHAM HALE, LONDON N17 9QU

Tel. No. 081-885 4206
(Personal contact name) TIM SMITH

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

8 MARKET PLACE
LONG SUTTON
SPALDING, LINCS.

OFFICE COPY

Please complete in block letters

BRIEF DESCRIPTION OF ADVERTISEMENT PROPOSED

(e.g. fascia sign, projecting box sign) NON-ILLUMINATED FASCIA SIGN AND A REPLACEMENT ILLUMINATED PHARMACY PROJECTING SIGN.

Please complete

I attach the necessary plans and I enclose the fee of £ 40.00

Signed..... (~~Applicant~~/Agent) Date 26/9/94

Please complete **all** the sections below

2. **SITE DETAILS**	
State the present use of the land or buildings:	CHEMISTS
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)	NO
If so, please describe the proposal or give planning reference.	N/A

3. **ADVERTISEMENT DETAILS**	
Will the advertisement be illuminated? (State Yes or No)	FASCIA SIGN = NO PROJ. SIGN = YES
If so, describe the type of illumination (e.g. internal): state whether static or intermittent:	PROJECTING SIGN ONLY INTERNALLY ILLUMINATED BY FLUORESCENT LAMPS (STATIC)
State height of advertisement above ground level: dimensions of advertisement: size of letters or symbols: colours of letters and background:	ALL AS OUR DRAWING NO. A/2321

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