

ADVERTISEMENT APPLICATION

For office use only

Application No. H14/0101/98
 Date Registered 03 FEB 1998
 Grid Reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

R. W. Handford
 ABC DAY NURSERY
 21-23 HIGH STREET
 HECKINGTON, LEAFORD, Lincs
 NG34 9RA
 Tel. No. 01529 460912

NAME AND ADDRESS OF AGENT

(if form completed by agent)

N/A

Tel. No.
 (Personal contact name)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

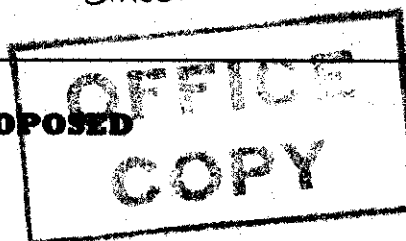
ABC DAY NURSERY, Commence House, 14 KNIGHT STREET
 PINCHBECK, SPALDING, PE11 3RD.

Please complete in block letters

BRIEF DESCRIPTION OF ADVERTISEMENT PROPOSED

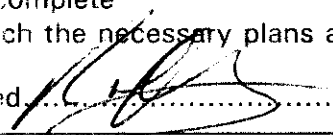
(e.g. fascia sign, projecting box sign)

FLAT SIGN ADVERTISING ABC DAY NURSERY



Please complete

I attach the necessary plans and I enclose the fee of £ 50.00

Signed  (Applicant/Agent) Date 30/1/98

 Please complete **all** the sections below

2. SITE DETAILS

State the present use of the land or buildings:

DAY CARE NURSERY FOR
 CHILDREN

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.

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:

N/A

State height of advertisement above ground level:
 dimensions of advertisement:
 size of letters or symbols:
 colours of letters and background:

2 FT
 6 FT x 2 FT
 6 inches VARIOUS

4. DURATION

Please state period consent is required for (max. 5 yrs).

5 YRS