THREE COPIES REQUIRED

ADVERTISEMENT APPLICATION

For office use only
Application No. H16/0421/96
Date Registered 08 MAY 1996
Grid Reference

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT
HALFORDS LTD
ICKNIELD ST DRIVE
WASHWOOD HEATH
REDDITCH. WORCS B98 0DE
Tel. No. 01527. 517601

NAME AND ADDRESS OF AGENT
(if form completed by agent)
GODFREY & CO
73 MARKET ST
STOURBRIDGE
W. MIDLANDS DY8 1AA.
Tel. No. 01384. 351100
(Personal contact name) MR. S. DAVIS

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE
UNIT 2 THE HOLLAND MARKETS, SPALDING.

Please complete in block letters

BRIEF DESCRIPTION OF ADVERTISEMENT PROPOSED
(e.g. fascia sign, projecting box sign)
2 NR ILLUMINATED PROJECTING BOX SIGNS., 1 NR NON ILLUMINATED BOX SIGN
1 NR NON ILLUMINATED FREESTANDING SIGN.

Please complete
I attach the necessary plans and I enclose the fee of £45.00
Signed..... (Applicant/Agent) Date 7th MAY 1996

Please complete **all** the sections below

2. **SITE DETAILS**

State the present use of the land or buildings: N/A.

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

If so, please describe the proposal or give planning reference. N/A.

3. **ADVERTISEMENT DETAILS**

Will the advertisement be illuminated? State Yes or No YES - 2NR. & NO 2NR.

If so, describe the type of illumination (e.g. internal): state whether static or intermittent: INTERNAL - STATIC

State height of advertisement above ground level: AVERAGE 5M
dimensions of advertisement:
size of letters or symbols:
colours of letters and background: SEE DRAWING 95/040 REV A

4. **DURATION**

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