

ADVERTISEMENT APPLICATION

For office use only
Application No. **H16/0685/97**

Date Registered

Grid Reference

17 JUN 1997

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

THE FURNITURE SHOP
19 NEW ROAD
SPALDING

Tel. No.

NAME AND ADDRESS OF AGENT

(if form completed by agent)

POSSINGTONS
44 DOBLE ST
SPALDING
LINES

Tel. No. **761856**(Personal contact name) **R. Paul**

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

19 NEW ROAD SPALDING

OFFICE
COPY

Please complete in block letters

BRIEF DESCRIPTION OF ADVERTISEMENT PROPOSED

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

FASCIA SIGN

Please complete

I attach the necessary plans and I enclose the fee of £ **15** **CONTRIBUTION**Signed..... **POSSINGTONS** (Applicant/Agent)Date..... **16-6-97**Please complete **all** the sections below
2. SITE DETAILS

State the present use of the land or buildings:

SHOP

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

YES

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

PROPOSED SHOP FRONT
PERMISSION GRANTED
H16-0279-97

3. ADVERTISEMENT DETAILS

Will the advertisement be illuminated?

State Yes or No

YES

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

EXTERNAL STATIC

State height of advertisement above ground level:

dimensions of advertisement:

size of letters or symbols:

colours of letters and background:

10m x 1.45m

SEE PLAN

4. DURATION

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

5 YEARS