THREE COPIES REQUIRED

ADVERTISEMENT APPLICATION

For office use only
Application No. H16/0986/00
Date Registered 09 AUG 2000
Grid Reference

1. Please complete in block letters
NAME AND ADDRESS OF APPLICANT

BARCLAYS BANK PLC

C/O AGENT

Tel. No.

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

EDMOND SHIPWAY
14, OXFORD STREET,
NOTTINGHAM
NG1 5BG
Tel. No. 0115 947 5554
(Personal contact name) DAVID EDWARDS

Please complete in block letters
FULL POSTAL ADDRESS OF THE APPLICATION SITE

BARCLAYS BANK PLC, 10 HALL PLACE,
SPALDING, PE11 1SR.

Please complete in block letters
BRIEF DESCRIPTION OF ADVERTISEMENT PROPOSED
(e.g. fascia sign, projecting box sign)

ATM FASCIA SIGN

OFFICE COPY

Please complete
I attach the necessary plans and I enclose the fee of £ 50-00

Signed..... (~~Applicant~~/Agent) Date 7/8/00

Please complete **all** the sections below

2. **SITE DETAILS** State the present use of the land or buildings:	BANK
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.	REPLACEMENT OF CASH MACHINE IN EXISTING APERTURE WITH A MINOR ADJUSTMENT TO SILL.
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:	INTERNALLY. STATIC
State height of advertisement above ground level: dimensions of advertisement: size of letters or symbols: colours of letters and background:	1.571m 0.552m x 0.168m 082m LETTERS CYAN BACKGROUND DARK BLUE
4. **DURATION** Please state period consent is required for (max. 5 yrs).	