THREE COPIES REQUIRED

# ADVERTISEMENT APPLICATION

**For office use only**
Application No. H16/1041/94
Date Registered 27 OCT 1994
Grid Reference

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

SPALDING INSURANCE SERVICES
BANK HOUSE,
63 DOUBLE STREET,
SPALDING, LINCS. PE11 2AB
TEL. (0775) 768771

Tel. No.

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

Tel. No.
(Personal contact name)

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

AS ABOVE

OFFICE COPY

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

12" DARK GREEN MOULD ACRYLIC LETTERING ON SOUTH GABLE END WALL "SPALDING INSURANCE SERVICES"

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

Signed ..... (Applicant/Agent) Date 13-10-94

Please complete **all** the sections below

| | |
|---|---|
| 2. **SITE DETAILS**<br>State the present use of the land or buildings: | OFFICE |
| 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) | |
| If so, please describe the proposal or give planning reference. | LISTED BUILDING APPLICATION SUBMITTED |

| | |
|---|---|
| 3. **ADVERTISEMENT DETAILS**<br>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: | |
| State height of advertisement above ground level:<br>dimensions of advertisement:<br>size of letters or symbols:<br>colours of letters and background: | SEE SKETCH 3620<br>" "<br>12"<br>GREEN |
| 4. **DURATION**<br>Please state period consent is required for (max. 5 yrs). | 5 YEARS |