THREE COPIES REQUIRED

ADVERTISEMENT APPLICATION

For office use only
Application No. H16/1190/98
Date Registered 03 DEC 1998
Grid Reference

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

MICHAEL HARWOOD,
BAKERS OVEN DESIGN OFFICE,
58 GREENGATE STREET,
STAFFORD,
ST16 2JE.
Tel. No. 01785-252379.

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

AS APPLICANT.

Tel. No.
(Personal contact name)

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

8 HALL PLACE,
SPALDING, LINCS.

OFFICE COPY

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

EXTERNALLY ILLUMINATED FASCIA SIGN AND PROJECTING SIGN.

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

Signed..... (Applicant/~~Agent~~) Date..25/11/98.....

Please complete **all** the sections below

2. **SITE DETAILS**

State the present use of the land or buildings:

VACANT

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 CHANGE OF USE AND SHOPFRONT APPLICATIONS

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: FASCIA SIGN - EXTERNAL PROJECTING SIGN - EXTERNAL BOTH STATIC.

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

F/SIGN - 3.0M - PROJ SIGN - 2.9M
F/SIGN - 2.6M LONG x 0.65M DP.
P/SIGN - 0.7M LONG x 1.0M DP.
F/SIGN - 0.4M - P/SIGN - 0.4M
REFER DRG.

4. **DURATION**
Please state period consent is required for (max. 5 yrs). FIVE YEARS.