THREE COPIES REQUIRED

ADVERTISEMENT APPLICATION

For office use only
Application No. H17/0133/98
Date Registered 10 FEB 1998
Grid Reference

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

E. HARTFIL & SONS
TOWNDAM LANE
DONINGTON
SPALDING - LINCS
Tel. No. 01775 820447.

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

NURSERY, SCOLDHALL LANE, SURFLEET, SPALDING, LINCS.

OFFICE COPY

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

FACIA SIGN, WHITE BACKGROUND, GREEN LETTERING.

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

Signed R.B. Hartfil (Applicant/Agent) Date 9-2-98

Please complete **all** the sections below

2. **SITE DETAILS**

State the present use of the land or buildings: WORKING NURSERY WITH UNRESTRICTED HOURS, WHOLESALE, RETAIL

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. AGRICULTURAL DETERMINATION MINOR ALTERATIONS TO EXISTING BUILDING.

3. **ADVERTISEMENT DETAILS**

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: 2mts ABOVE GROUND
dimensions of advertisement: 1.5 mts LONG x 0.5 metres high
size of letters or symbols: 5" HIGH
colours of letters and background: GREEN LETTERING ON WHITE BACKGROUND

4. **DURATION**

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