## Application for consent to display an advertisement(s)

## Town and Country Planning (Control of Advertisements) (England) Regulations 2007

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

## Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

Coptional:   Children   Children   Coptional:   Children   Children   Coptional:   Children   Chi	1. Applicant	Name and Address	2. Agent	Name and Address
Company (optional):  Unit: House number: suffix: Unit: House number: suffix: House number: suffix: Address 1:  Address 1: Address 2: Address 3: Address 3:  Town: County: Coun	Title:	First name:	Title:	MR First name: DWN CAN
(optional):  Unit: House number: Suffix:  Unit: House number: Suffix:  House name:  Address 1: Address 2: Address 3:  Address 3: Town:  County:  County:  (optional): CHILDREN NIH FONDETTENT TWIST TW	Last name:		Last name:	WINTER
Unit: House number: Suffix: Unit: House number: Suffix: House name: MEDE VILLEPIANT DIEPT  Address 1: Address 2: Address 3: Address 3: Town: LONDON  Town: County: County:			Company (optional):	GREAT OLYMOND STREET HASPITAL FOR CHILDREN MHS FOUNDATION TRUST
name:  Address 1:  Address 2:  Address 3:  Town:  County:  Address 3:  Address 3:	Unit:			House House
Address 2: Address 3: Address 3: Town:  Town:  County:  Address 4: YOUK HOWE  Address 3: TOWN:  County:  County:				NEDEVELOPMENT DEPT
Address 3:  Address 3:  Town:  County:  County:	Address 1:		Address 1:	YORK HOUSE
Town: LONDON County:	Address 2:		Address 2:	FORMER WHARD FE
County: County:	Address 3:		Address 3:	
County.	Town:		Town:	しのかりつ
Country: Country:	County:		County:	
	Country:		Country:	
Postcode: Postcode: WUN384	Postcode:		Postcode:	W1826120

3. Site A	ddress Details		4. Pre-application Advice
Please prov	vide the full postal address of the ap	plication site.	Has assistance or prior advice been sought from the local
Unit:	House number:	House suffix:	authority about this application?
House name:	MOREAU STANLEY CLIN	CAL BHILDING	If Yes, please complete the following information about the advic
Address 1:		HOSPITAL	application more efficiently).
Address 2:	GREAT GROWN STREAM	LEST	Please tick if the full contact details are not known, and then complete as much as possible:
Address 3:			Officer name:
Town:	hochol		
County:			Reference:
Postcode (optional): Description	WCIN 3TH of location or a grid reference.		Date (DD/MM/YYYY): (must be pre-application submission)
F	ompleted if postcode is not known):		Details of pre-application advice received?
Easting: Description	Northing:		
5. Neighl Have you co	cour and Community Consulting sour and Community Consulted your neighbours or mmunity about the proposal?		6. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff
			(d) related to an elected member If Yes, please provide details of the name, relationship and role
7. Type o	f Proposed Advertisement(s)		8. Location of Advertisement(s)
Please desci	ribe the proposed advertisement(s):		Is the advertisement you are applying for
A PVC	VINYL SCREEN MEAS	TRING	already in place? Yes No.
	39 M X H 3. Z7 M. THE FITTED ACROSS THE S		If Yes, please provide details of when the use or work started:
GANTING OF THE	ENTERD ACKNOT THE CAR MOREOLO STANLEY CLING	IN TROST CHE BHILDING ND STAFRT	BANNER 1317ALLED 17/09/14
Please indic	rate the number of the following vertisement(s) you are applying for:	Number of	
Application	for fascia sign(s)		Is an existing advertisement(s) to be removed and replaced by the advertisement(s) in this proposal?
Application	for a projecting or hanging sign(s)		Yes No Not applicable
Application	for a hoarding(s)		If Yes to either or both above, please show the existing sign(s) on
Other		/	an elevation drawing or photograph and state the references for the drawing(s) or photographs.
you selecte	ed Other, please describe:		
GUILTON	CREEN WILL REPLIED D STREET STONE C - MORCORN STANLEY ( MY	- 1	Will the proposed advertisement(s) project
			over a footpath or other public highway? Yes No

9. Advertisement Period Please state the period of time for which	From 18 09 1	1 - [10	2017	1. (00.)	
consent is sought for the advertisement:	18 07 A	To 18	109 8	date (DD/N	AM/YYYY)
10. Interest in the Land					
Does the applicant own the land or buildi	ngs where the adverts are to be pla	aced?	€	Yes	□ N
If No, has the permission of the owner or a to give permission for the display of an ad	any other person entitled evertisement been obtained?		Г	Yes	
If No, why not?				1	ш
11. Details of Proposed Advertis	#   1   1   1   1   1   1   1   1   1				
Please provide a full description of each p	Advertisement (e.g. rascia		n, projecting sign, sement 2		g etc) isement 3
		Muverti	sement 2	Advert	isement 3
Туре:					
a) The height from the ground to the base of the advertisement (in metres)	0.75 m .				******
b) The dimensions of the proposed advertisement(H x W x D) (in metric)	43.27 XW16.39m				
) The maximum height of any of the ndividual letters and symbols (in metric)	0.5W				
d) The colour of the text and background	TEXT: LIGHT STOWE BACKGROUND: STONE			X = 91	271124
e) Materials of the proposed sign(s)	PVC VINYL SCREET ATTACHED TO ALUMINIONS	~			
) The maximum projection of dvertisement from the face of the ouilding	. 4/4				
Vill any of the ign(s) be illuminated	Yes No	Yes	No 🔲	Yes	No
Yes for any of the proposed signs, answe	rg), h) and i)				book
) Details of method of illumination nternally illuminated/externally luminated)					
) illuminance levels (cd/m²)					10-2-00-00

i) Will the illumination be static or intermittent?

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12. Plannin	g Application Requirements	- Checklist				
	e following checklist to make sure yo quired will result in your application ning Authority has been submitted.	u have sent all th being deemed in	ne information in s nvalid. It will not b	upport of your pro e considered valid	pposal. Failure to I until all informat	submit all ion required by
The original an	d 3 copies of a completed and dated	l application form	n:		П	
height above to A site location and location of and show the c	the proposed advertisement should estion. For a sign, the drawing should he ground and, where it would proje plan should also be provided which i the site by reference to at least two direction of North. Ordnance Survey	I indicate the ma ect from a buildin identifies the pro named roads. It mans are not rec	terials to be used, g, the extent of the posed position of should be drawn	fixings, colours, e projection. the advertisemen to an identified sca	t ale	
photomontage	es may be used. The original and 3 co	pies of each draw	wing should be pr	ovided:		
The type of eac should be show describe the ty	signs, size and illumnation h sign for which application is being w, together with the dimensions of pe of illumination, e.g. internal, exter or have moving parts. The original a				e-standing, ease be	
The original and application rela	d 3 copies of a plan which identifies t tes drawn to an identified scale and	the land to which showing the dire	the ection of north:	Ø		
The original and	d 3 copies of other plans and drawin	gs or information	necessary to des	cribe the subject o	f the application:	V
The correct fee:						Kand
	nt: of every consent granted by or unde nd or other person entitled to grant p n to immediate prosecution.	er the Regulation permission must	s that, before disp be obtained. To c	laying any adverti Iisplay any adverti	sement, the perm sement without th	ission of the nis permission is
	s within the boundaries of a highway	, evidence that t	he application is a	cceptable to the h	nighway authority	must be
	oly for planning permission/consent. re confirm that, to the best of my/our ss of the person(s) giving them. int:	as described in th r knowledge, any	his form and the a r facts stated are tr	ue and accurate a	DD/MM/YYYY):	dditional iven are the (date cannot be pre-application)
14. Applicar	t Contact Details					
Telephone num	- Company of the Comp		Telephone num	ıs		
Country code:	National number:	Extension number:	Country cod	ibers		Extension number:
Country code:	Mobile number (optional):	7	Country cod			2080
Country code:	Fax number (optional):	7	Country cod			_
Email address (c	ptional):	_	Provident de la constant de la const	24 25		
6. Site Visit						
an the site be s	een from a public road, public footpa	ath, bridleway or	other public land	7 Yes	□ No	
the planning as	uthority needs to make an appointm hom should they contact? (Please seli	ent to carry	✓ Agent	Applicant	Other (if diff	ferent from the cant's details)
Other has been ontact name:	selected, please provide:		Telephone numb	per:	agendappa	curic s uctaris)
mail address:						