BARNSLEY
Metropolitan Borough Council

Planning and Transportation Service
Barnsley MBC
PO Box 604
Barnsley
S70 9FE
developmentmanagement@barnsley.gov.uk

£95

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



'ublication of applications on planning authority websites

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

'lease complete using block capitals and black ink.
: is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applicant Name and Address

Title:	DR.	First name:	DAVID		
Last name:	PORTER				
Company (optional):	HIGHGATE SURGERY				
Unit:	S+6	House number:		House suffix:	
House name:					
Address 1:	UNITS S+6 TWO GATE WAY				
Address 2:	HIGH STREET				
Address 3:	SHAFTON				
Town:	BARNSLEY				
County:	S. YORKS				
Country:	ENGLAND				
Postcode:	S72 8NL				

2. Agent Name and Address

Title:		First name:			
Last name:					
Company (optional):					
Unit:		House number:		House suffix:	
House name:					
Address 1:					
Address 2:					
Address 3:					
Town:					
County:					
Country:					
Postcode:					

3. Site Address Details

Please provide the full postal address of the application site.

Unit:	5+6	House number:		House suffix:	
House name:					
Address 1:	UNITS 5+6 TWO GATE WAY				
Address 2:	HIGH STREET				
Address 3:	SHAFTON				
Town:	BARNSLEY				
County:	SOUTH YORKSHIRE				
Postcode (optional):	S72 8WL				

Description of location or a grid reference.
(must be completed if postcode is not known):

Easting: Northing:

Description:

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? ☑ Yes ☐ No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible: ☑

Officer name:

Reference:

Date (DD/MM/YYYY): (must be pre-application submission) 22/6/2010

Details of pre-application advice received?

ASKED IF PERMISSION REQ'D AND OFFICER EXPLAINED THAT IT WAS - HE SENT FORMS THROUGH.

5. Neighbour and Community Consultation

Have you consulted your neighbours or the local community about the proposal? ☐ Yes ☑ No

If Yes, please provide details:

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

Do any of these statements apply to you? ☐ Yes ☑ No

If Yes, please provide details of the name, relationship and role

7. Type of Proposed Advertisement(s)

Please describe the proposed advertisement(s):

FASCIA SIGN WITH LIGHTING ABOVE - TO MATCH ADJACENT PREMISE'S SIGNS (SAINSBURY'S + GLOSAL HOUR PHARMACY)

Please indicate the number of the following types of advertisement(s) you are applying for:	Number of advertisement(s)
Application for fascia sign(s)	2
Application for a projecting or hanging sign(s)	
Application for a hoarding(s)	
Other	

If you selected Other, please describe:

8. Location of Advertisement(s)

Is the advertisement you are applying for already in place? ☐ Yes ☑ No

If Yes, please provide details of when the use or work started:

Is an existing advertisement(s) to be removed and replaced by the advertisement(s) in this proposal? ☐ Yes ☑ No ☑ Not applicable

If Yes to either or both above, please show the existing sign(s) on an elevation drawing or photograph and state the references for the drawing(s) or photographs.

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 consent is sought for the advertisement: From FEB 2016 PERMANENT. To ~~AUG~~ FEB 2016. date (DD/MM/YYYY)

10. Interest in the Land

Does the applicant own the land or buildings where the adverts are to be placed? ☐ Yes ☑ No

If No, has the permission of the owner or any other person entitled to give permission for the display of an advertisement been obtained? ☑ Yes ☐ No

If No, why not?

11. Details of Proposed Advertisement(s)

Please provide a full description of each proposed advertisement (e.g. fascia sign, box sign, projecting sign, hoarding, flag etc)

	Advertisement 1	Advertisement 2	Advertisement 3
Type:	ILLUMINATED FASCIA SIGN	ILLUMINATED FASCIA SIGN	
a) The height from the ground to the base of the advertisement (in metres)	2200 2.2M.	2.2M.	
b) The dimensions of the proposed advertisement(H x W x D) (in metric)	700 X 5540 X 50	700mm x 5540mm x 50mm	
c) The maximum height of any of the individual letters and symbols (in metric)	240	240mm	
d) The colour of the text and background	BLACK ON WHITE	BLACK ON WHITE	
e) Materials of the proposed sign(s)	ALUMINUM + VINYL	ALUMINUM + VINYL	
f) The maximum projection of advertisement from the face of the building	50mm	50mm.	
Will any of the sign(s) be illuminated	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☐ No ☐

If Yes for any of the proposed signs, answer g), h) and i)

g) Details of method of illumination (internally illuminated/externally illuminated)	EXTERNAL TROUGH LIGHT	EXTERNAL TROUGH LIGHT	
h) illuminance levels (cd/m²)	250/1	250/1	
i) Will the illumination be static or intermittent?	STATIC	STATIC.	