BARNSLEY
Metropolitan Borough Council

FOR OFFICE USE
Application No. 2009/0450
Date Received 8/4
Fee Paid

Application for consent to display an advertisement(s).

Town and Country Planning (Control of Advertisement) Regulations 2007

Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council'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.

1. Applicant Name and Address

Title:	
First name:	
Last name:	
Company (optional):	MAPPLEWELL VILLAGE HALL
Unit:	
House number:	
House suffix:	
House name:	
Address 1:	OARTON LANE
Address 2:	MAPPLEWELL
Address 3:	
Town:	BARNSLEY
County:	SOUTH YORKSHIRE.
Country:	ENGLAND.
Postcode:	S75 6AL.

2. Agent Name and Address

Title:	MR
First name:	ROBERT
Last name:	CALTHORNE.
Company (optional):	ALLIGATOR SIGNS LTD
Unit:	
House number:	34
House suffix:	
House name:	
Address 1:	CHURCH STREET
Address 2:	OARTON
Address 3:	BARNSLEY
Town:	BARNSLEY
County:	SOUTH YORKSHIRE
Country:	ENGLAND
Postcode:	S75 5HG.

3. Site Address Details

Please provide the full postal address of the application site.

Unit:	
House number:	
House suffix:	
House name:	MAPPLEWELL VILLAGE HALL
Address 1:	OARTON LANE
Address 2:	MAPPLEWELL
Address 3:	
Town:	BARNSLEY
County:	SOUTH YORKSHIRE.
Postcode (optional):	S75 6AL

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: LAURA BIRBY.

Reference: 2008/1842.

Date (DD/MM/YYYY): (must be pre-application submission) 19/3/09.

Details of pre-application advice received?

AFTER A SITE VISIT IT WAS AGREED TO MOVE THE SIGN AS SHOWN ON THE NEW VISUAL INDICATING THE POSITION OF THE SIGN.

5. Neighbour and Community Consultation

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

If Yes, please provide details:

ADVERT IN CHRONICAL PLACED BY PLANNING.

6. Council Employee / Member

Is the applicant or agent related to any member of staff or elected member of the council? ☐ Yes ☑ No

If Yes, please provide details:

7. Description of Proposed Advertisement(s)

Please describe the proposed advertisement(s):

DIRECTORY SIGN.

Please indicate the number of the following types of advertisement(s) you are applying for:	Number of advertisement(s)
Application for fascia sign(s)	
Application for a projecting or hanging sign(s)	
Application for a hoarding(s)	
Other	1

If you selected Other, please describe:

DIRECTORY SIGN.

8. Advertisement Display

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

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[redacted]

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