

Fleming House 2 Tryst Road Cumbernauld G67 1JW Tel: 01236 632500 Fax: 01698 302115 Email: esPlanning@northlan.gov.uk Applications cannot be validated until all the necessary documentation has been submitted and the required fee has been paid. Thank you for completing this application form: ONLINE REFERENCE 100430678-003 The online reference is the unique reference for your online form only. The Planning Authority will allocate an Application Number when your form is validated. Please quote this reference if you need to contact the planning Authority about this application, Description of Proposed Advertisement(s) Please describe the proposal: (You must select at least one) \* Box sign Fascia sign Canopy Projecting sign Hoarding Flag Advance sign Other How many advertisement signs are you seeking consent for? \* 2 Will the advertisement(s) be illuminated or non-illuminated? \* illuminated Please describe the type and colour of illumination to match the details on your plans. (e.g. by external white floodlights, internal blue lighting etc): \* (Max 500 characters) 3050x1500mm illuminated signs see Signage visuals. Please describe the dimensions of the advert, materials used for its construction and the methods to be used for fixing it to the building: \* (Max 500 characters) 3050 x 1500mm plastic box illuminated signs screw fixed to cladding.

Yes X No Will any of the proposed advertisement(s) project over a footway or public road? \* ☐ Yes ☒ No ☐ Dont Know Is this a renewal of a previous consent: \*

Planning Authority:	North Lanarkshire Coun	North Lanarkshire Council					
rianning Authority:	North Landreshire Council						
full postal address of	ne site (including postcode wh	ere available):					
Address 1:	76-84 KIRK ROAD						
Address 2:							
ddress 3:							
Address 4:							
Address 5:							
own/City/Settlement:	WISHAW						
Post Code:	ML2 7BL						
Please identify/describ	e the location of the site or site	s					
Northing	655132	Easting	279846				
raosuming:			8				

Please enter Agent detail					
ompany/Organisation:	Scott Building Services				
Ref. Number:		You must enter a Building Name or Number, or both: *			
First Name: *	David	Building Name:			
ast Name: *	Ritchie	Building Number:	4		
elephone Number: *	01698888111	Address 1 (Street): *	Middleton Avenue		
Extension Number:		Address 2:	Strutherhill Industrial Estate		
Mobile Number:		Town/City: *	Larkhall		
Fax Number:		Country: *	Scotland		
		Postcode: *	ML9 2TL		
	1				
	dual or an organisation/corporate er	ntity? *			
Individual 🗵 Orga	anisation/Corporate entity	ntity? *			
☐ Individual ☑ Orga	anisation/Corporate entity	ntity? *			
Applicant Det	anisation/Corporate entity		uilding Name or Number, or both: *		
Individual  Orga  Applicant Det  Please enter Applicant de	anisation/Corporate entity		uilding Name or Number, or both: *		
	anisation/Corporate entity	You must enter a B	fuilding Name or Number, or both: *		
Individual  Organicant Det Please enter Applicant de Title: Other Title:	anisation/Corporate entity	You must enter a B Building Name:			
Individual Orga  Applicant Det  Please enter Applicant de  Title:  Other Title:	anisation/Corporate entity	You must enter a B Building Name: Building Number: Address 1	7		
Applicant Det Please enter Applicant de Title: Other Title: First Name: *	tails etails	You must enter a B  Building Name:  Building Number:  Address 1 (Street): *	7		
Applicant Det Please enter Applicant de ittle: Other Title: ast Name: * Company/Organisation Telephone Number: *	tails etails	You must enter a B Building Name: Building Number: Address 1 (Street): * Address 2:	7 Shand Street		
Individual Orga  Applicant Det  Please enter Applicant de  Title:  Other Title:  ast Name: *  Company/Organisation	tails etails	You must enter a B  Building Name:  Building Number:  Address 1 (Street): *  Address 2:  Town/City: *	7 Shand Street Wishaw		
Applicant Det Please enter Applicant de Title: Other Title: First Name: * Company/Organisation Telephone Number: *	tails etails	You must enter a B  Building Name:  Building Number:  Address 1 (Street): *  Address 2:  Town/City: *	7 Shand Street Wishaw UK		

Advertiseme	nt(s) Period		
Please state the period	of time for which consent is sought for the adve	rtisement: *	
5 Years More	or less than 5 years		
If more or less than 5 Y	ears, please state number of years: *	10	
Pre-Applicat	ion Discussion		
Have you discussed yo	☐ Yes ☒ No		
Interest in th	e Land		
Does the applicant own	☐ Yes ☒ No		
Has the permission of the Advertisement been ob-	⊠ Yes □ No		
Planning Ser	rvice Employee/Elected M	ember Interest	
Is the applicant, or the a	☐ Yes ☒ No		
Please complete the fol Failure to submit all this processing your applica		d all the necessary information in supp g deemed invalid. The planning author	oort of your application, ity will not start
나는 아이는 아이는 아이를 보고 있다면 하는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다면 없다.	dentifies the land to which the application relates wing the direction of north. *	s drawn to an	⊠ Yes □ No
A copy of other plans a (two must be selected)	nd drawings or information necessary to describ	e the proposals. *	
Site Plan or block	plan identifying where advert will be displayed.		
□ Detailed Elevations	S.		
■ Drawings of signs	(including details of illumination).		
Cross sections of s	signs showing relationship to building.		
Photomontage.			
Owners consent:	Yes No		
You must submit a fee to by the planning authorit	with your application. Your application will not be y.	able to be validated until the appropri	ate fee has been received
Declare - Ad	vertisement Consent		
I, the applicant/agent ce drawings and additional	ertify that this is an application for advertisement I information.	consent as described in this form, the	accompanying plans,
Declaration Name:	Mr David Ritchie		
Declaration Date:	24/11/2021		

## Payment Details

Created: 24/11/2021 16:53