

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 100517445-001 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) * X Fascia sign Box sign Canopy Projecting sign Advance sign Other Flag Hoarding If Other, please provide further details: * (Max 500 characters) Replacement panels for existing Post sign How many advertisement signs are you seeking consent for? * 3 Will the advertisement(s) be illuminated or non-illuminated? * non-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) 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) All signage will be Aluminium composite panel finished Blue (PMS 2173C) with White vinyl graphics 1) Fascia Sign 5,000mm x 1,800mm x 80mm fixed with rails direct to building cladding 2) Fascia Sign 5,000mm x 1,800mm x 80mm fixed with rails direct to building cladding 3) Replacement panels for existing Post sign 1,800mm x 1,785mm x 3mm fixed with clips and bolts to existing

Will any of the proposed advertisement(s) project over a footway or public road? *

Is this a renewal of a previous consent: *

Page 1 of 4

Yes X No

X Yes No Dont Know

| Please give date and refe Date: (dd/mm/yyyy) | erence number of previous consent (if known): | | | | |
|---|--|--|--|--|--|
| Application Reference No | imber: | | | | |
| Site Address | Details | | | | |
| Planning Authority: | North Lanarkshire Council | | | | |
| Full postal address of the | site (including postcode where available): | | | | |
| Address 1; | 3 BRITTAIN WAY | | | | |
| Address 2: | EUROCENTRAL | | | | |
| Address 3: | HOLYTOWN | | | | |
| Address 4: | | | | | |
| Address 5: | | | | | |
| Town/City/Settlement: | MOTHERWELL | | | | |
| Post Code: | ML1 4XJ | | | | |
| Please identify/describe | the location of the site or sites | | | | |
| | | | | | |
| Northing | 661151 Easting 276086 | | | | |
| | Agent Details In agent? * (An agent is an architect, consultant or someone else acting to connection with this application) Applicant Applicant | | | | |

| Agent Details | | | | | |
|--|---|---|---|--|--|
| Please enter Agent detail | s | | | | |
| Company/Organisation: | New Vision Signs & Graphics | | | | |
| Ref. Number: | | You must enter a B | You must enter a Building Name or Number, or both: * | | |
| First Name: * | New | Building Name: | | | |
| Last Name: * | Vision | Building Number: | 6 | | |
| Telephone Number: * | | Address 1 (Street): * | Ventnor Street | | |
| Extension Number: | | Address 2: | | | |
| Mobile Number: | | Town/City: * | Bradford | | |
| Fax Number: | | Country: * | England | | |
| | | Postcode: * | BD3 9JP | | |
| Email Address: * | | | (8 | | |
| Maria | ual or an organisation/corporate entity | n* | | | |
| ☐ Individual ☒ Orga Applicant Det | nisation/Corporate entity | n• | | | |
| ☐ Individual ☒ Orga | nisation/Corporate entity | | uilding Name or Number, or both: * | | |
| ☐ Individual ☑ Orga Applicant Det Please enter Applicant de Title: | nisation/Corporate entity ails | | uilding Name or Number, or both: * | | |
| Individual Sorga Applicant Det Please enter Applicant de Title: Other Title: | nisation/Corporate entity ails | You must enter a B | | | |
| Applicant Det Please enter Applicant de Title: Other Title: | nisation/Corporate entity ails etails Mr | You must enter a B Building Name: | | | |
| Applicant Det Please enter Applicant de Title: Other Title: | nisation/Corporate entity ails etails Mr | You must enter a B Building Name: Building Number: Address 1 | Capitol House | | |
| ☐ Individual ☑ Orga Applicant Det Please enter Applicant de Title: Other Title: First Name: * Last Name: * Company/Organisation | nisation/Corporate entity ails etails Mr Mark Ward | You must enter a B Building Name: Building Number: Address 1 (Street): * | Capitol House 1 Capitol Close | | |
| Applicant Det Please enter Applicant de Title: Other Title: First Name: * Company/Organisation Telephone Number: * | nisation/Corporate entity ails etails Mr Mark Ward | You must enter a B Building Name: Building Number: Address 1 (Street): * Address 2: | 1 Capitol Close Morley | | |
| Applicant Det Please enter Applicant de Title: Other Title: First Name: * Last Name: * Company/Organisation | nisation/Corporate entity ails etails Mr Mark Ward | You must enter a B Building Name: Building Number: Address 1 (Street): * Address 2: Town/City: * | Capitol House 1 Capitol Close Morley Leeds | | |
| Applicant Det Please enter Applicant de Title: Other Title: First Name: * Company/Organisation Telephone Number: * | nisation/Corporate entity ails etails Mr Mark Ward | You must enter a B Building Name: Building Number: Address 1 (Street): * Address 2: Town/City: * | Capitol House 1 Capitol Close Morley Leeds United Kingdom | | |

| Advertisement(s) Period | |
|--|---------------------------|
| Please state the period of time for which consent is sought for the advertisement: * | |
| | |
| Pre-Application Discussion | |
| Have you discussed your proposal with the planning authority? * | ☐ Yes ☒ No |
| Interest in the Land | |
| Does the applicant own the land or buildings concerned? * | 🛛 Yes 🗌 No |
| Planning Service Employee/Elected Member Interest | |
| Is the applicant, or the applicant's spouse/partner, either a member of staff within the planning service or an elected member of the planning authority? * | ☐ Yes ☒ No |
| Checklist – Application for Consent to Display an Advertise | ement |
| Please complete the following checklist to make sure you have provided all the necessary information in supp Failure to submit all this information may result in your application being deemed invalid. The planning authori processing your application until it is valid. | |
| A Location plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of north. * | X Yes ☐ No |
| A copy of other plans and drawings or information necessary to describe the proposals. * (two must be selected) | |
| Site Plan or block plan identifying where advert will be displayed. | |
| Detailed Elevations. | |
| Drawings of signs (including details of illumination). | |
| ☐ Cross sections of signs showing relationship to building. | |
| Photomontage. | |
| Owners consent: X Yes No | |
| You must submit a fee with your application. Your application will not be able to be validated until the appropriately the planning authority. | ate fee has been received |
| Declare – Advertisement Consent | |
| I, the applicant/agent certify that this is an application for advertisement consent as described in this form, the drawings and additional information. | accompanying plans, |
| Declaration Name: Workplace New Vision | |
| Declaration Date: 22/12/2021 | |
| Payment Details | |
| | |
| | 0 |
| | Created: 22/12/2021 11:22 |