| Lanarksh | ire Incil | | | | | |
|---|---|--------------------------------------|------|--|--|--|
| Civic Centre Windmillhill Street Motherwell ML1 1AB Tel: 01236 632500 Fax: 0 | 1698 302115 Emai | il: esPlanning@northlan.gov.uk | | | | |
| Applications cannot be validated until all the necessary documentation has beer | 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 100668576-001 | | | | | | |
| The online reference is the unique reference for your online form only. The Plar your form is validated. Please quote this reference if you need to contact the pla | | | when | | | |
| Description of Proposed Advertisement(s) | | | | | | |
| Please describe the proposal: (You must select at least one) * | | | | | | |
| T Fascia sign \leq Box sign \leq Canopy T Projecting sign | I | | | | | |
| \leq Hoarding \leq Flag \leq Advance sign T Other | | | | | | |
| If Other, please provide further details: * (Max 500 characters) | | | | | | |
| 3no wall panels and 1no post sign panels | | | | | | |
| How many advertisement signs are you seeking consent for? * | 7 | | | | | |
| Will the advertisement(s) be illuminated or non-illuminated? * | Both | | | | | |
| Please describe the type and colour of illumination to match the details on your lighting etc): * (Max 500 characters) | plans. (e.g. by extern | rnal white floodlights, internal blu | ie | | | |
| externally illuminated warm via trough light. | | | | | | |
| 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) | | | | | | |
| See visual G_87699_Coatbridge | | | | | | |
| Will any of the proposed advertisement(s) project over a footway or public road? | · * | T Yes \leq No | | | | |
| Is this a renewal of a previous consent: * | | \leq Yes T No \leq Dont Kr | างพ | | | |

| Site Address Details | | | | | | |
|---|---------------------------|---------|--------|--|--|--|
| Planning Authority: | North Lanarkshire Council | | 7 | | | |
| Full postal address of the site (including postcode where available): | | | | | | |
| Address 1: | 1 MUIRYHALL STREET | | | | | |
| Address 2: | TOWN CENTRE | | | | | |
| Address 3: | | | | | | |
| Address 4: | | | | | | |
| Address 5: | | | | | | |
| Town/City/Settlement: | COATBRIDGE | | | | | |
| Post Code: | ML5 3EA | | | | | |
| Please identify/describe the location of the site or sites | | | | | | |
| | | | | | | |
| | | | | | | |
| Northing | 665210 | Easting | 273418 | | | |
| | | | | | | |
| Applicant or Agent Details | | | | | | |
| Are you an applicant or an agent? * (An agent is an architect, consultant or someone else acting on behalf of the applicant in connection with this application) \leq Applicant T Agent | | | | | | |

| Agent Details | | | | | | |
|-----------------------------|--|--|-----------------------|--|--|--|
| Please enter Agent details | | | | | | |
| Company/Organisation: | Astley Signs | | | | | |
| Ref. Number: | | You must enter a Building Name or Number, or both: * | | | | |
| First Name: * | Anthony | Building Name: | Redforrest House | | | |
| Last Name: * | Gray | Building Number: | | | | |
| Telephone Number: * | | Address 1 (Street): * | Queens Court North | | | |
| Extension Number: | | Address 2: | Earlsway, Team Valley | | | |
| Mobile Number: | | Town/City: * | Gateshead | | | |
| Fax Number: | | Country: * | United Kingdom | | | |
| | | Postcode: * | NE11 0BP | | | |
| Email Address: * | | | | | | |
| Is the applicant an individ | ual or an organisation/corporate entity? * | | | | | |
| \leq Individual T Orga | nisation/Corporate entity | | | | | |
| Applicant Det | ails | | | | | |
| Please enter Applicant de | etails | | | | | |
| Title: | | You must enter a Building Name or Number, or both: * | | | | |
| Other Title: | | Building Name: | | | | |
| First Name: * | | Building Number: | 1 | | | |
| Last Name: * | | Address 1 (Street): * | Angel Square | | | |
| Company/Organisation | Co-op Funeralcare | Address 2: | | | | |
| Telephone Number: * | | Town/City: * | Manchester | | | |
| Extension Number: | | Country: * | United Kingdom | | | |
| Mobile Number: | | Postcode: * | M60 0AG | | | |
| Fax Number: | | | | | | |
| Email Address: * | | | | | | |

| Advertisement(s) Period | | | | |
|---|-------------------|--|--|--|
| Please state the period of time for which consent is sought for the advertisement: * | | | | |
| T 5 Years \leq More or less than 5 years | | | | |
| | | | | |
| Pre-Application Discussion | | | | |
| Have you discussed your proposal with the planning authority? * | \leq Yes T No | | | |
| Interest in the Land | | | | |
| Does the applicant own the land or buildings concerned? * | \leq Yes T No | | | |
| Has the permission of the owner or any other person entitled to give permission for the display of an Advertisement been obtained? * | T yes \leq 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? * | \leq Yes T No | | | |
| Checklist – Application for Consent to Display an Advertis | ement | | | |
| Please complete the following checklist to make sure you have provided all the necessary information in support of your application. Failure to submit all this information may result in your application being deemed invalid. The planning authority will not start 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. * | T Yes \leq No | | | |
| A copy of other plans and drawings or information necessary to describe the proposals. * (two must be selected) | | | | |
| $ \mathrm{T}$ Site Plan or block plan identifying where advert will be displayed. | | | | |
| T Detailed Elevations. | | | | |
| T Drawings of signs (including details of illumination). | | | | |
| T Cross sections of signs showing relationship to building. | | | | |
| T Photomontage. | | | | |
| Owners consent: T Yes \leq No | | | | |
| You must submit a fee with your application. Your application will not be able to be validated until the appropriate fee has been received by the planning authority. | | | | |
| Declare – Advertisement Consent | | | | |
| I, the applicant/agent certify that this is an application for advertisement consent as described in this form, the accompanying plans, drawings and additional information. | | | | |
| Declaration Name: Mr Anthony Gray | | | | |

Declaration Date:

16/04/2024

Payment Details

Online payment: 000685 Payment date: 16/04/2024 14:45:50

Created: 16/04/2024 14:45