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Please complete this form in block capitals using black ink to facilitate scanning.
You are advised to read the accompanying guidance notes and per-question help text.
If you would rather make this application online, you can do so on our website:
<https://www.planningportal.co.uk/apply>

Application for consent to display an advertisement(s)

Town and Country Planning (Control of Advertisements) (England) Regulations 2007

Privacy Notice

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 Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:



**WOKINGHAM
BOROUGH COUNCIL**

Wokingham Borough Council
 Planning Services
 PO Box 157, Civic Offices, Shute End
 Wokingham, Berkshire
 RG40 1WR
 email: development.control@wokingham.gov.uk
 Phone: 0118 974 6000

Publication on Local Planning Authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website. Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

1. Applicant Name and Address

Title:	MR	First name:	BABS
Last name:	AFOLAYAN		
Company (optional):	REFRESH HEALTH HQ.		
Unit:	House number:	House suffix:	
House name:			
Address 1:	2ND FLOOR		
Address 2:	3-4 MARKET PLACE		
Address 3:			
Town:	WOKINGHAM		
County:	BERKSHIRE		
Country:	UK		
Postcode:	RG40 1AL		

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: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

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

Easting: Northing:

Description:

REFRESH HEALTH IS LOCATED ON THE 2ND FLOOR OF 3-4 MARKET PLACE. WE ARE ABOVE THE CANCER RESEARCH SHOP, WITH A RECESSED DOORWAY (SHARED WITH ANOTHER BUSINESS) TO THE LEFT OF THE CANCER RESEARCH SHOP. WE HAVE NO SHOPFRONT.

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)

Details of pre-application advice received?

5. Neighbour and Community Consultation

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

If Yes, please provide details:

WE HAVE GAINED APPROVAL FROM OUR LANDLORD FOR THE SIGNAGE AND DISCUSSED & AGREED WITH OUR NEIGHBOURS WHO SHARE THE SAME DOORWAY / PREMISES. NO OBJECTIONS RAISED.

Agent Name and Address		Applicant Name and Address	
First name	Last name	First name	Last name

6. Authority Employee / Member

It is an important principle of decision-making that the process is open and transparent. For the purposes of this question, "related to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority.

Do any of the following statements apply to you and/or agent? ☐ Yes ☒ No 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

If Yes, please provide details of their name, role and how you are related to them.

Name		Role		How related	
First name	Last name	First name	Last name	First name	Last name

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:	A FRAME BOARD	BUSINESS NAME POSTER WITHIN PORCHWAY.	BUSINESS NAME SIGN (FASCIA)
a) The height from the ground to the base of the advertisement (in metres)	AT GROUND LEVEL	1200mm	7000mm.
b) The dimensions of the proposed advertisement (H x W x D) (in metric)	1040mm(H) x 674mm(W) x 72mm(D) WHEN CLOSED	594mm(H) x 420mm(W) x 0.10mm(D)	600mm(H) x 400mm(W) x 0.10mm(D)
c) The maximum height of any of the individual letters and symbols (in metric)	40mm	40mm.	100mm.
d) The colour of the text and background	CREAM BACKGROUND PEACH TEXT	CREAM BACKGROUND PEACH TEXT.	CREAM BACKGROUND PEACH/GREEN TEXT.
e) Materials of the proposed sign(s)	HIGH DENSITY POLY ETHYLENE	WATER PROOF SYNTHETIC BOARD.	WATER PROOF SYNTHETIC BOARD.
f) The maximum projection of advertisement from the face of the building	674mm.	N/A.	N/A.
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)	NONE	NONE	NONE
h) illuminance levels (cd/m ²)	NONE	NONE	NONE
i) Will the illumination be static or intermittent?	NONE.	NONE.	NONE

7. Type of Proposed Advertisement(s)

Please describe the proposed advertisement(s):

DISPLAY OF NON ILLUMINATED BUSINESS IDENTIFICATION SIGNAGE ~~AT~~ AT OUR ADDRESS TO PROVIDE NECESSARY AND APPROPRIATE IDENTIFICATION OF THE BUSINESS TO ASSIST CUSTOMERS FIND OUR PLATES STUDIO.

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	1

If you selected Other, please describe:

OTHER = A FRAME BOARD NON-ILLUMINATED TO HIGHLIGHT OUR ENTRANCE + PRESENCE, REMOVABLE/TEMPORARY IN NATURE, TO BE USED IN BUSINESS HOURS, TO BE PLACED IMMEDIATELY ADJACENT TO THE BUILDING.

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.

PLEASE NOTE PREVIOUS SIGNAGE WAS USED IN THE PORCHWAY AREA BUT WAS REMOVED PRIOR TO US MOVING IN, EVIDENCE OF SCREW HOLES TO HOLD SIGNAGE CAN BE SEEN.

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 1/3/2026 To 1/3/2036 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?

12. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority (LPA) has been submitted.

The original and 3 copies* of a completed and dated application form: ☐

Description of signs, size and The type of each sign for which application is being made, e.g. fascia, projecting box, pole-mounted free-standing, should be shown, together with the dimensions of each sign. If any of the signs are to be illuminated please describe the type of illumination, e.g. internal, external, floodlight, etc, and whether the illumination will be static, flashing, or have moving parts. The original and 3 copies* of each description should be provided: ☐

The original and 3 copies* of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of north: ☐

The correct fee: ☐

The drawing of the proposed advertisement should show its dimensions and position on the land or building in question. For a sign, the drawing should indicate the materials to be used, fixings, colours, height above the ground and, where it would project from a building, the extent of the projection. A site location plan should also be provided which identifies the proposed position of the advertisement and location of the site by reference to at least two named roads. It should be drawn to an identified scale and show the direction of North. Ordnance Survey maps are not required. Photographs and photomontages may be used. The original and 3 copies* of each drawing should be provided: ☐

The original and 3 copies* of other plans and drawings information necessary to describe the subject of the application: ☐

It is a condition of every consent granted by or under the Regulations that, before displaying any advertisement, the permission of the owner of the land or other person entitled to grant permission must be obtained. To display any advertisement without this permission is an offence, open to immediate prosecution.

Where the site is within the boundaries of a highway, evidence that the application is acceptable to the highway authority must be provided.

*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.

13. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY:

(date cannot be pre-application)

14. Applicant Contact Details

Telephone numbers

Country code: National number:

Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

15. Agent Contact Details

Telephone numbers

Country code: National number:

Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

16. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land? ☒ Yes ☐ No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)

☐ Agent

☐ Applicant

☒ Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address: