



**Application to Place Items on the Public Highway**  
**Section 78 of the Highways Act 1986**

**PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS**

<b>1. Applicant</b> (If you are applying on someone else's behalf, please provide your details on the reverse of this form)		<b>2. Advertising Board</b>	
<b>Licensee Name:</b>		<b>Width at base:</b>	
<b>Business Name:</b>		<b>Length at base:</b>	
<b>Business Address:</b>		<b>Height at top:</b>	
<b>Postcode:</b>		<b>If other items, please provide brief description</b>	
<b>Telephone No.:</b>			
<b>E-mail Address:</b>			
<b>Period of application</b>	<b>28 days / 3 years</b> <b>Delete as appropriate</b>		

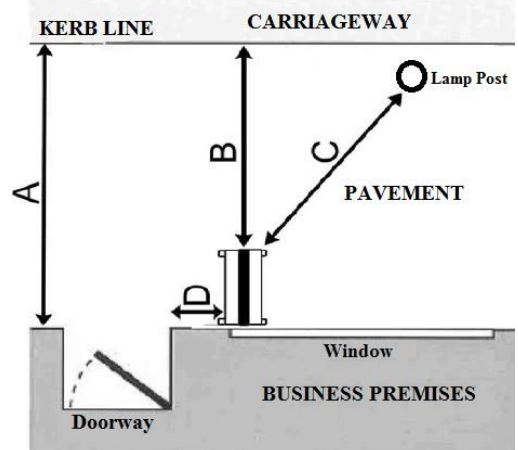
**3. Plan**

Draw or attach a plan showing the proposed position and dimensions of the Advertising Board / Display / Furniture in relation to your building and all nearby street furniture.

(If you can also add a photograph of the location and/or 'A' board or display it may assist your application)

Your drawing must show in metres:

- The distance from the shop front to the kerb (A)
- The distance from the A Board to the kerb (B)
- The distance from the A Board to all other street furniture (e.g. lamp posts) (C)
- The distance from the shop entrance to the A Board (D)



This is an indicative plan only to assist you. Your sketch must accurately reflect your location.



**Additional Information** (in respect to the proposed positioning)

**Declaration**  
I hereby apply for a licence under Section 78 of the Highways Act 1986 for the purpose of placing an advertising board or other item on the public highway at the location detailed above.  
I declare that I have read, understand and agreed to all of the terms and conditions stated within the 'Advertising Boards and Street Furniture Policy' and all of the information contained within this application form is complete and correct.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>5. Agent</b> (if applicable)	
<b>Contact Name:</b>	
<b>Company Name:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>Telephone No.:</b>	
<b>E-mail Address:</b>	



<b>6. Check list</b> (please check the following)	
All Applicant details are complete	<input type="checkbox"/>
Type and dimensions are complete	<input type="checkbox"/>
Plan clearly shows location & measurements	<input type="checkbox"/>
You have signed and dated the declaration	<input type="checkbox"/>
Any additional information is detailed below	<input type="checkbox"/>
Any additional drawings or photographs are attached to this form.	<input type="checkbox"/>

Please complete all sections in **BLOCK CAPITALS** and return this form to:

**Port Erin Commissioners**  
**12 Bridson Street, Port Erin IM9 6AN**  
 Email: [info@porterin.gov.im](mailto:info@porterin.gov.im)

**If you have any difficulty completing this form  
 or require a large print copy please contact Port Erin Commissioners**

<i>For office use only</i>	
Application Number	
Date Received:	