



CONTROL OF ADVERTISEMENTS

ADVERTISER DETAILS *This person will be the contact for this application.*

Name of Advertiser (if different from applicant or owner): _____
Postal Address: _____

Postcode: _____
Contact Phone: _____ Fax: _____
Email: _____

SIGNAGE DETAILS *Three (3) copies of plans detailing the signage are required to be submitted with this application.*

Height: _____ Width: _____ Depth: _____
Colours to be used: _____
Height above ground level - to top of advertisement: _____
- to underside of advertisement: _____

Material to be used:
Illuminated: Yes ~~Yes~~ ~~No~~ No
If yes, state whether steady, moving, flashing, alternating, digital, animated, scintillating, other (circle)

State period of time for which the advertisement is required:
Permanent Temporary (time) _____

Details of signs, if any, to be removed if this application is approved:

OWNER DETAILS *Include names of all owners shown on the Certificate of Title.*

Name(s): _____
Postal Address: _____ Postcode: _____
Contact Phone: _____ Fax: _____
Email: _____

NOTES: *This application should be supported by a photograph or photographs of the premises showing superimposed thereon the proposed position for the advertisement and those advertisements to be removed detailed above in addition to plans detailing the above proposed signage.*

OFFICE USE ONLY: Date Received Stamp: _____
App. No.: _____ Assess. No/s.: _____
Checked By: _____
Planning _____ Front Counter _____