

APPLICATION TO ERECT ADVERTISEMENT SIGN - FORM

REF NO: _____

1. APPLICATION INFORMATION

DATE OF APPLICATION: _____

NAME OF APPLICANT: _____

TELL NO: _____

CELL NO: _____

PHYSICAL ADDRESS: _____

POSTAL ADDRESS _____

2. DETAILS OF SIGN

TYPE OF SIGN: _____

HEIGHT: _____

LENGTH: _____

WIDTH: _____

TELL NO: _____

CELL NO: _____

GROUND CLEARANCE: _____

TOTAL HEIGHT (MOUNTED): _____

	YES	NO
ILLUMINATED - (Tick where applicable)		
FLASHING LIGHTS - (Tick where applicable)		

3. COMMENTS FROM SERVICE PROVIDERS

EEC – Comments:

NAME OF OFFICER:

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DESIGNATION:

--

SIGNATURE:

DATE:

--	--

EPTC – Comments:

NAME OF OFFICER:

--

DESIGNATION:

--

SIGNATURE:

DATE:

--	--

EWSC – Comments:

NAME OF OFFICER:

--

DESIGNATION:

--

SIGNATURE:

DATE:

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4. APPLICATIONS ATTACHMENTS

NO:	DOCUMENTS (Tick where appropriate)	<u>YES</u>	<u>NO</u>
1.	A4 copies showing proposed sign design		
2.	Structural engineers diagram showing materials used and mounting foundation details		
3.	Locality map showing location of the proposed signs		

APPLICANTS SIGNATURE:		DATE:	
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5. FOR OFFICE USE ONLY – (Officers to ensure that they visit site before commenting)

TOWN ENGINEER – Comments:	

SIGNATURE:		DATE:	
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ENVIRONMENTAL HEALTH MANAGER – Comments:	

SIGNATURE:		DATE:	
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