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|--|------------|
| <b>APPLICATION FOR SIGN (REMOTE)</b><br>(excluding poster - ref. FORM SA2) | <b>NO:</b> |
|--|------------|

I herewith make application in accordance with the Advertising Signage Bylaws for permission to \*display/ \*erect/ \*maintain signs as follows:-

1. NAME OF BUSINESS:.....

STREET ADDRESS: (where sign to be erected):.....

POSTAL ADDRESS: (for correspondence):.....

2. (a)

|                               |           |                |                    |              |             |                 |     |     |
|-------------------------------|-----------|----------------|--------------------|--------------|-------------|-----------------|-----|-----|
| Type of Sign<br>(please tick) | Fascia    | Projecting     | U/canopy           | Ground       | Sky         | Wall            | S/S | D/S |
| Further particulars           | New Signs | Change of Face | Replacing Existing | New Position | Illuminated | Non-illuminated |     |     |

Further particulars

(a) Position of signs:.....

(b) Dimensions: Dept..... Length..... Thickness.....

(d) **Sign Area :.....m<sup>2</sup>**

(e) Material..... Colours.....

(f) Illuminated Signs: Stationary / flashing.....

|  |  |
|--|--|
| FLOURESCENT TUBES - LOW VOLTAGE  |  |
| NEON TUBING/FLOOD LIGHTS - HIGH VOLTAGE FIREARM SWITCH TO BE INSTALLED AS PER FIRE REGULATIONS |  |

3. Name of Sign Contractor or Agent: (Block Letters).....

Address:..... Cell Phone:.....

Tel No.:..... Fax No..... E-Mail:.....

I / We hereby agree to pay encroachment charges / levies should any sign encroach over Municipal Property / signs displayed within Public view.

4. Name of Applicant (not sign contractor or Agent):.....

Tel No.:..... Fax No.:..... Cell No.:.....

Name of Signatory:.....(Signed):.....

I.D. No.....

Company Registration No. (if applicable):.....

Consolidated Billing Account No.....

**FOR OFFICIAL USE ONLY**

|                               |  |                  |  |                    |  |             |  |
|-------------------------------|--|------------------|--|--------------------|--|-------------|--|
| <b>AREA<br/>M<sup>2</sup></b> |  | <b>FEES PAID</b> |  | <b>RECEIPT NO.</b> |  | <b>DATE</b> |  |
|-------------------------------|--|------------------|--|--------------------|--|-------------|--|