

Finger Directional Sign Application



Applicant to Complete

Name		
Address/ City/Town		
Telephone number <i>(include area code)</i>	Mobile Number	Email address
Contractor		
Date	Application fee \$110 <i>(excl. manufacture & installation fees)</i>	Receipt number

Sign Detail

Proposed Wording
Proposed Location
Existing Signage
Location to Existing Signage

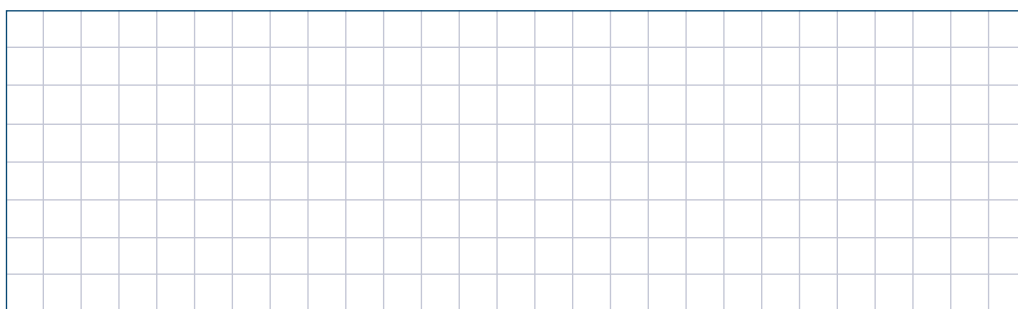
Site Plan

The proposed application will be undertaken in accordance with the attached standards and conditions.

Signature _____

Application complies with definition

YES NO



**Office
use only**

DATE RECEIVED		
CONDITIONS/REQUIREMENT		
APPLICANT NOTIFIED	INSTALLATION INSPECTION DATE	INSTALLATION IN COMPLIANCE (IF NO, DETAIL) <input type="checkbox"/> YES <input type="checkbox"/> NO
APPLICANT ADVISED OF NON-COMPLIANCE <input type="checkbox"/> YES <input type="checkbox"/> NO	RE-INSPECTED DATE	COMPLIANCE <input type="checkbox"/> YES <input type="checkbox"/> NO
IF NON-COMPLIANCE PROPOSED ACTION	FILE NUMBER	APPLICATION FORWARD TO COUNCIL FOR FILING <input type="checkbox"/> YES <input type="checkbox"/> NO