

Application for Directional Signage

Assessment No.

APPLICANT DETAILS

Name: _____
(Title, initials and surname / company name)

Address: _____ P/code: _____

Phone: _____ Work contact: _____ Mobile: _____

Fax: _____ Email: _____

Contact person: _____

DIRECTIONAL SIGN DETAILS

Proposed wording: _____

Note: Wording must be kept to a minimum eg. "Anderson Cottage" and comply with Council's policy.

Tourism symbol: (please tick applicable)

- Caravan Public telephone Bed and breakfast Pottery
 Winery Café Restaurant Other (please specify): _____

DIRECTIONAL SIGN LOCATIONS

Location 1: _____

Location 2: _____

Location 3: _____

Location 4: _____

Note: A site plan must be included showing proposed locations of the signage and any existing buildings or structures at each location.

Applicant signature: _____ Date: _____

OFFICE USE ONLY

D/A Fee (Account): \$ _____ Receipt No.: _____

Date received: _____