

Balonne Shire Council

118 Victoria Street, St George
PO Box 201,
St George QLD 4487



Telephone 07 4620 8888 Facsimile 07 4620 8889
Email council@balonne.qld.gov.au
Website www.balonne.qld.gov.au

Local Government
Act 1993

Local Law No. 11
(Control of
Advertising)

Advertising Signs

Application for Approval to Erect Advertising Signs (including registration, renewal and transfer)

NOTE: Consent and / or building approval may be required.

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

NOTE: This application should be lodged in conjunction with an IDAS application.

Application is for

<input type="checkbox"/> New Application	Fee	_____	
<input type="checkbox"/> Renewal	Fee	_____	
<input type="checkbox"/> Transfer	Fee	_____	In the name of _____

Applicant/s details

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

Indemnity

I / We acknowledge that any permit issued pursuant to this application shall be subject to the following conditions:

- The permit holder shall, at all times, hold harmless and keep indemnified the Council, its members, employees and agents from and against all actions, suits, proceedings, claims, demands, losses, costs, charges and expenses which may be taken against, made on or suffered by it or any of them directly or indirectly on account of or in respect of or arising out of any act, matter or thing done or omitted to be done by the permit holder or his/her agents or employees or any of them in connection with any activity carried out or purporting to be carried out under the permit or in observance, fulfilment, non-observance or non-fulfilment of any condition of the permit.
- The permit holder shall ensure a Public Liability Insurance Policy, taken out by him / her to a minimum \$ value required by Council, is kept in force for the whole of the period that the permit covers, and includes the Council as an interested party.

I / We agree to abide by the conditions of the permit as set by Council.

Signature _____ Date / /

Signature _____ Date / /

Select as applicable.	Contact details		
	<input type="checkbox"/> Business	<input type="checkbox"/> Private	
	Contact person		
	Postal address		
	Locality / Suburb	State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Contact ph. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mobile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Email _____	
Contact fax <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Email _____		

Business name must be registered with the Office of Fair Trading. If applicant is a company, insert company name and ACN / ARBN.	Business details		
	Business name	BN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Company name	ACN / ARBN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Street address		
	Locality / Suburb	State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Enter postal address if different from street address.	Postal address		
	Locality / Suburb		
	State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Contact ph. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mobile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Email _____	
Contact fax <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Email _____		
Real property description – refer to Rates Notice.	Lot no.	Reg. Plan no.	Parish

This is the name and address of the owner/s of the premises. If there are additional owners, please attach additional owner information to this form.	Owner/s consent		
	Name		
	Postal address		
	Locality / Suburb	State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Contact ph. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mobile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Email _____
Contact fax <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Email _____		
I, being the owner of the property described in this application, hereby consent to the afore mentioned applicant/s making this application.			
Signature	Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

	Builder details		
	Name of builder		
	Registration no.		
	Postal address		
	Locality / Suburb	State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Select as applicable.	Authorised agent of builder		
	<input type="checkbox"/> Agent	<input type="checkbox"/> Architect	<input type="checkbox"/> Engineer
	Name		
	Postal address		
	Locality / Suburb		State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I undertake that the construction, demolition and removal will be carried out in accordance with approved plans, specifications and other documents and in accordance with the <i>Building Act 1975</i> , the By-Laws made under the Act and Council's By-Laws regarding signboards and signs etc.			
Signature		Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Address where sign is to be displayed.	Site details		
	Street address		
Real property description – refer to Rates Notice.	Locality / Suburb		State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Lot no.	Reg. plan no.	Parish
	Name of road on which sign is visible		
Nearest road intersection			
Nearest sign			

A copy of a Public Liability Insurance Policy, to the minimum \$ value required by Council, must accompany applications. The policy shall name the insured as 'the applicant for the Permit and the Council'.	Sign details			
	Type of sign	<input type="checkbox"/> Under awning	<input type="checkbox"/> Pylon	<input type="checkbox"/> Box sign
		<input type="checkbox"/> Fascia	<input type="checkbox"/> Sky sign	
	Location of sign on land			
	Type of application	<input type="checkbox"/> New	<input type="checkbox"/> Reconstruction	<input type="checkbox"/> Modification
	Status of sign	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	
	Dimensions	Length	Width	Height
	No. faces	Total area		
	Estimated cost \$	Including value of all labour and materials		
	Present use of premises			
	Exact wording of sign (as shown on each side)			
	Description of advertising			
	Construction material used			
	Type of illumination (if applicable)			
Method of fixing				

A copy of a Public Liability Insurance Policy, to the minimum \$ value required by Council, must accompany applications. The policy shall name the insured as 'the applicant for the Permit and the Council'.	Public liability insurance		
	Name of insurance company		
	Name of insured		
	Policy no.	Amount of cover \$	
Policy expiry date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

Lodgement

Please attach the following:

1. A plan drawn to scale, not smaller than one to one hundred (1:100) showing:
 - the location of the sign in relation to boundaries and buildings on site;
 - details of any other signs on the property; and
 - structural details.
2. A sketch of the sign showing:
 - elevations;
 - clearances of the sign from ground level or footpath;
 - dimensions;
 - permanent wording; and
 - any other advertising devices.
3. A copy of your Public Liability Insurance Policy to the minimum \$ value required by Council. The public liability must indemnify the Council, in the prescribed form and manner, against all public liability claims arising from the operation of this business.
4. A copy of the additional owner/s consent (if applicable). This consent must state the applicant/s name, the premises to which the application refers, provide details regarding the owner/s consent to the application and be signed by the owner/s.

Please note: This application and fee MUST be lodged with your Council.

Office use only

Application fee		Reg. no.	
Receipt code		ID no.	
Authorised officer		Inspection date	
Recommendation			
			Rec. no.
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account property no.	