

Eng Dept Date:

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## APPLICATION FOR APPROVAL

## **DIRECTIONAL SIGNS**

Owner or proprietor of	Name:			
property to	Postal Address:			
which the sign(s)	Email Address:			
relates	Phone Numbers (H): (W):			
	,	,		
Requested Location of	1.			
Sign(s)	2.			
	3.			
Wording of Sign(s)	1.			
	2.			
	3.			
Applicant	Name:			
(Name to appear on the Tax	Address:			
Invoice)	Phone Numbers (F	<del>1</del> ):	(W):	
Declaration	I am aware that on approval of the sign(s) I am required to submit payment for the fabrication and erection of the sign(s) prior to installation. I am also aware that I am responsible for any costs associated with repair and/or maintenance of the sign(s), including the pole and fixtures.			
	Signature:		Date:	
<ul> <li>Notes:</li> <li>As per the current Shire of Denmark Schedule of Fees &amp; Charges a fee is payable on submission of an application for a sign. This fee is not refundable if the application is refused.</li> </ul> Office Use Only				
Paid: Y/N		Date:	Receipt	No:

PLAN APPROVAL YES/NO

Sign Order Date: