

Application for Remote Advertising

I herewith make application in accordance with the Advertising Signage Bylaws & Policy for permission to erect/display sign (s) as follows:-



Is the applicant the owner of the property?	Yes		No	
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Applicant Details

Title	Mr		Mrs		Miss	
Full Name						
Identity No						
Tel No (Bus)						
Cell No						
Fax No						
E-mail Address						

Postal Address for Correspondence

_____ (Code)

Owner Details

Title	Mr		Mrs		Miss	
Full Name						
Identity No						
Tel No (Bus)						
Cell No						
Fax No						
E-mail Address						

Business Details

Sole Proprietor	CC	Pty (Ltd)	Partnership	Other
Name of Business				
CK/Company/Trust No				
Consolidated Billing Acc No				

Sign Contractor	Applicant		Agent
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Agent Details

Title	Mr		Mrs		Miss	
Full Name						
Identity No						
Tel No (Bus)						
Cell No						
Fax No						
E-mail Address						

Postal Address for Correspondence

_____ (Code)

Region	Central		North		South		Inner West		Outer West	
Area(s)										

Street address where sign to be erected

 _____ (Code)

Type of Sign

Wall		Ground		S/Side		D/Sided		Digital		Illuminated	Y	N
Change of Face		Sky Sign			Florescent Tubes – Low voltage							
Neon tubing/Floodlights – High voltage (Fireman’s switch to be installed as per fire regulations)												
Illumination of signs		Stationary	Y	N	Flashing		Y	N				

Further details of sign

Position		Color/s		No of signs		Material	
Width		Length		Thickness		Total m ²	

I/We hereby agree to pay encroachment charges and/or levies for signs displayed within public view to the eThekweni Municipality.

Signature of Applicant

Date

				2	0	1	
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Pre-Acceptance Scrutiny Checklist	v	X
1. Application forms for each sign to be completed in duplicate and signed by the owner. Forms to be completed in original format, as fax/copies are not permitted.		
2.A copy of contract/lease agreement signed by the owner of property.		
3.A comprehensive motivation in support of the application with reference to the Advertising Signage Bylaws and Council Policy.		
4.Environmental Impact Assessment as required by Council Policy for signs in minimum, partial and maximum control area’s > 36m ² .		
5.Suitable photographs to assess visual impact of sign in relation to the environment.		
6.A locality plan at an appropriate scale, which clearly indicates the position of the proposed, sign in relation to existing structures, existing remote signs, traffic signals and roads within a 500m radius.		
7.A comprehensive site plan at a minimum scale of 1:500 including dimensions to surrounding structures, boundaries, street names, street edges, and land marks. (E.g. lamp posts) Dimensions to be clearly indicated.		
8.Elevations and sections of sign to be fully dimensioned and also indicating relation to topography and/or existing building/structure.		
9.Method of illumination (dimensions of brackets)		
10.The applicant’s attention is drawn to the fact that the structure for remote advertising is approved for a 5-year period only.		
11.The content of wall signs is required for assessment of the sign. Any change of the wall sign content must be approved by the Department (Change of face fee applicable)		
12.A separate application must be made to the department for approval in terms of the National Building Regulations for billboard structures exceeding 4m in overall height. Applicant will be notified.		
13.An Engineers stability certificate is required for signs exceeding 4m in height.		
14.Permission is required from the adjacent landowner if the sign is encroaching.		
15.GIS Coordinates are required for all Billboard structures and Wall signs.		

Note:

- Should the applicant fail to meet the requirements of the scrutiny list, the relevant items will be marked with ‘X’. The application will be returned for correction and re-submission.
- All application forms are to be submitted in original format, as fax/copies are not permitted.
- Compliance with the above list does not presuppose approval of the application by this Department.

4. Application fees are non-refundable.

Name of Scrutinizer

Date

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For Office Use Only

Amount Paid		Date Paid				2	0	1	Receipt No				
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