

LICENCE PERMIT APPLICATION Advertising signs Local law 46.2.2

Permit application fee applies


CITY OF WODONGA Environment and Community Protection Local Law
 (Local Law No. 1 of 2014)

ABN: 63 277 160 265

Tax Invoice

In person: 104 Hovell St, Wodonga, VIC 3690

Phone: (02) 6022 9300

Post: PO Box 923, Wodonga, VIC 3689 Fax: (02) 6022 9322 Email: info@wodonga.vic.gov.au

Applicant	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss			
	Given name:			
	Surname:			
	Unit number:			
	Suburb:		State:	
			Post code	
	Trading name/organisation:			
	Phone (work):			
	Phone (home):			
Mobile:				
Email:				
I hereby apply for a permit to display:	<input type="checkbox"/> A-frame sign			<input type="checkbox"/> Real estate signs
				<input type="checkbox"/> Tear drop flags
Location of signage:				
Provide photo or description of signage:				
Please indicate the location of where the signage will be displayed (or attach plan)	Property boundary			
	Kerb line			
Conditions:	A-frame conditions: Any advertising sign placed on the footpath shall be: a. A minimum of 500mm in height and 300 in width; b. A maximum of 1200mm in height and 900mm in width. Real estate sign conditions: No signs to be placed on roundabouts or dividing strips. No more than three signs per event. The signs are not to exceed one meter in height or 600mm width and are to be placed so that they are not a hazard in windy conditions. <i>Further conditions will be provided with permit.</i>			
<input type="checkbox"/>	I understand that public liability insurance is required to the minimum value of \$10 million with Wodonga Council's interest noted, and confirming items subject to the permit are covered outside the premises, and have attached a copy of my insurance with this application.			
Signature of applicant: _____		Date: _____		

Office Use Only:

Permit fee: A-frame: _____

Real Estate sign: _____

Tear Drop Flags: _____

Total Fee: _____

Receipt number: _____ Date paid: _____ Licence prepayment number: _____

Payment options



In person - EFTPOS, credit card, cheque* or cash	
Mail options - cheque or credit card (please complete credit card details below):	
Card number:	
Expiry date:	
CCV number (three digit number on back of card)	
Name on card:	
Signature:	

* Please make cheques payable to 'Wodonga City Council'.