

## **Application for Directional Sign**

APPLICANT DETAILS:			
Applicants Full Name:			
Applicants Business Name (if applicable):			
Postal Address:			
Telephone Number:		Mobile Number:	
SIGI	N LOCATION:		
Prop	osed Location of	Sign:	
	Proposed Size of Sign:		
Sign is to read (please print clearly):			
J			
Com	iments:		
Signature of Applicant:		Date Signed:	
0.9	ataro or Approarie		
It is u	nderstood that Counc	will:	
1.	Inspect the location	nspect the location.	
2.	After inspection C	After inspection Council will contact applicant and discuss sign size, type and payment amount.	
3.	On receipt of payment, the approved sign will be supplied and erected by the Shire staff.		
4.	Council will erect the sign as close to the desired position and as soon as practicable.		
5.	Maintenance of th damaged or stoler	e sign, in a presentable condition, is the responsibility of the applicant, including replacement of the sign if .	
<b></b>			
	RE OFFICE USE		
Date Received:			
Sign Ordered:		Order Date:	
Fee Paid:		Amount Paid:	
Operations Action Request Completed:			

## **Contact Us**

Enquiries In Person

 Call: (08) 9526 1111
 Shire of Serpentine Jarrahdale

 Fax: (08) 9525 5441
 6 Paterson Street, Mundijong WA 6123

Email: info@sjshire.wa.gov.au Open Monday to Friday 8.30am-5pm (closed public holidays)

