

# Quilpie Shire Council

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Local Government  
Act 1993

Local Law  
(Control of Signs)

## 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  /  /

<b>Select as applicable.</b>	<b>Contact details</b>		
	<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"/>
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"/>
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	

<b>Business name must be registered with the Office of Fair Trading. If applicant is a company, insert company name and ACN / ARBN.</b>	<b>Business details</b>		
	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"/>
<b>Enter postal address if different from street address.</b>	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"/>
	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
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	

<b>Real property description – refer to Rates Notice.</b>	Lot no.	Reg. Plan no.	Parish
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<b>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.</b>	<b>Owner/s consent</b>		
	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"/>
	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
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"/>	

	<b>Builder details</b>		
	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"/>

Select as applicable.	<b>Authorised agent of builder</b>	
	<input type="checkbox"/> Agent	<input type="checkbox"/> Architect <input type="checkbox"/> Engineer
	Name	
	Postal address	
	Locality / Suburb	
	State	Postcode
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	

Address where sign is to be displayed.	<b>Site details</b>	
	Street address	
Real property description – refer to Rates Notice.	Locality / Suburb	State
	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'.	<b>Sign details</b>	
	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
	No. faces	Width
	Estimated cost \$	Total area
	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'.	<b>Public liability insurance</b>	
	Name of insurance company	
	Name of insured	
	Policy no.	Amount of cover \$
Policy expiry date		

## 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.	