

DEVELOPMENT PLANNING: BUILDING CONTROL SECTION

OUTDOOR ADVERTISING

Cnr. Chief Albert Luthuli Street (OK Mall, First Floor)
Cnr. Basil Hullelt & Garden Street, Salt Rock (By Salt Rock Library)

P.O.BOX 72
KWADUKUZA. 4450

Telephone: 032 437 5134/ 032 437 5541

Fax: 032 551 1221

Fax To email: 086 241 4298



Advertising Application Checklist for Applicant

- ☐ Forms Completed.
- ☐ Drawing of sign itself to a scale of 1:20 showing text, colours, materials, construction details, and method of support and lettering detail.
- ☐ A suitable mock-up (artistic impression) of signage/flag in context (showing signage in vicinity).
- ☐ A site plan to scale of 1:500 indicating the position of sign and area of occupancy.
- ☐ Copy of lease agreement between owner and advertising company/tenant.
- ☐ Copy of an agreement between property owner and advertising company/tenant, allowing billing to take place utilising the property owner's consumer account number.
- ☐ Title deeds of ERF/LOT for proposed structure.
- ☐ Application fee as prescribed in Advertising invoice.

Please note that you are required to provide any other information relevant to the application if asked to do so by the authorized officer elected by The KwaDukuza Municipality.

APPLICATION FOR THE ERECTION OF PERMANENT SIGNAGE

I/We hereby make application in accordance with the Outdoor Advertising Bylaws, for Permission to display/alter/maintain signs as follows:

DATE: _____

FILE No: _____ *(for official use)*

Name of Applicant (Not Sign Company)	
Name of Business	
Postal Address	

Telephone No	
Lot No	
Street Address	
Suburb	

PLEASE NOTE: A minimum clearance from sidewalk level to underside of sign of 2,4m is required in the case of ground sign.

b) Type of Sign

Ground Sign		Flag		Sandwich Board		Pylon		(Please tick relevant box)
Wall Sign		Building Attachment		Projecting Wall Sign		Wall Painted		(Please tick relevant box)
Roof Sign		Sky Sign		U-Canopy		Aerial Sign		(Please tick relevant box)
Window Sign		School Sign		Combination Sign		Other(specify)		(Please tick relevant box)

New Sign		Change of Face		Existing		(please tick relevant box)
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b) Position of Sign: _____

c) Dimensions:

Height =	Width =	Depth =
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d)

Material	
Colours	
Frontal Area (sq.m.)	
Total Area (sq.m.)	

e)

Stationary/ Flashing/Illuminated	
Weight	
Wattage	

Name of Sign Contractor (block letters): _____

Address: _____

Tel. No: _____

DETAILS FOR INVOICING - APPLICATION FEE /MONTHLY/ANNUAL DISPLAY FEE

PLEASE NOTE: All Billing Details must contain a Municipal Consumer Account Number Linked to the property on which the signage will be erected.

COMPANY NAME	
NAME OF PERSON RESPONSIBLE FOR PAYMENT(<i>property owner</i>)	
POSTAL ADDRESS	
ERF NUMBER(<i>property description</i>)	
RESIDENTIAL ADDRESS	

CONTACT NUMBER		
EMAIL ADDRESS(requirement)		
VAT NUMBER		
MUNICIPAL CONSUMER ACCOUNT NUMBER (requirement)		
DISPLAY FEE PAYMENT(tick appropriate for permanent signage only)	ANNUAL	MONTHLY
NOTIFY THE MUNICIPALITY WITHIN THIS PERIOD IF THE SIGNAGE IS REMOVED (tick appropriate)	60 DAYS	90 DAYS

DECLARATION, I do hereby agree to:

- a) Pay Rental annually as per Local Authority's Tariff of Charges.
- b) Remove the Sign as and when requested to do so by Local Authority.
- c) Notify the Outdoor Advertising Department in writing as per above when the signage has been removed.
- d) Renew this application annually, or as approved by the Authorised Officer.
- e) Maintain the sign in a proper and acceptable manner.
- f) Indemnify the Local Authority against any claims arising from the existence of such signs.

Yours truly,

Signature of Applicant

Date: _____

FOR OFFICIAL USE

Application Received By	
Date of Receipt	
Application Fees Payable	
Receipt Number	
Date of Payment	
Approved / Disapproved	

INDEMNITY

I/ WE

NAME OF APPLICANT

**BEING THE APPLICANT RESPONSIBLE
FOR THE ADVERTISING OF A PERMANENT SIGN AS OUTLINED IN THIS APPLICATION
DO HEREBY AGREE
TO INDEMNIFY AND HOLD THE COUNCIL HARMLESS
AGAINST ALL OR ANY DEMANDS, INTERDICTS OR OTHER CLAIMS WHATSOEVER ARISING FROM THE
PRESENCE AND ERECTION OF THE APPLICABLE SIGNBOARD.**

SIGNATURE OF APPLICANT

ON BEHALF OF

NAME OF ORGANISATION

CAPACITY

DATE