

## INSTALLATION OF A TEMPORARY ADVERTISING DEVICE - BILLBOARD / HOARDING SIGN

**PURPOSE OF FORM:** This form will be used to process your application for installation of a Temporary Advertising Device for a Billboard or Hoarding sign.

Application for Temporary Advertising:                      Billboard Sign     Hoarding Sign

### Section 1 - Applicant details

Applicant Name (Person or Company): \_\_\_\_\_

Contact name: \_\_\_\_\_ ABN: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Position (if a Company): \_\_\_\_\_

### Section 2 – Proposed location of Temporary Advertising Device details

Placement Location/s: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Section 3 - Standard public liability insurance details

The applicant/s must:

- (a) for the duration of the term of the approval, maintain in full force and effect a standard public liability insurance policy:
  - (i) in the joint names of the approval holder and the local government; and
  - (ii) covering their respective rights, interests and liabilities to third parties in respect of accidental death of, or accidental bodily injury to, persons or accidental damage to property; and
  - (iii) for an amount of no less than \$10 million for any single event; and
- (b) prior to the commencement of the activity, provide the local government with a certificate of currency for the standard public liability insurance policy; and
- (c) indemnify the local government and the State against all actions, proceedings, claims, demands, costs, losses, damages and expenses which may be brought against, or made upon, the local government or the State as a result of the activity.

Name of insurance company: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Policy number: \_\_\_\_\_ Date policy expires:                      /                      /

### Section 4 – Temporary Advertising Device details

Device Type	Quantity	Dimensions (mm)	Purpose/Activity
<input type="checkbox"/> Billboard sign	_____	1. Width _____x Height _____	<input type="checkbox"/> Real estate <input type="checkbox"/> Commercial/Business <input type="checkbox"/> Other  <b>Third Party</b> <input type="checkbox"/> Y / <input type="checkbox"/> N
<input type="checkbox"/> Hoarding sign	_____		
Fixed <input type="checkbox"/> Y / <input type="checkbox"/> N	Strut fixed: <input type="checkbox"/> Y / <input type="checkbox"/> N	Weighted: <input type="checkbox"/> Y / <input type="checkbox"/> N	Corners chamfered <input type="checkbox"/> Y / <input type="checkbox"/> N

**Section 4 – Temporary Advertising Device details (continued)**

Please provide details of signage wording and pictures etc. Details can be provided as attachments.

*Please note it is a condition of approval that the sign does not contain explicit, inappropriate, offensive or irrelevant content.*

**Attachments**

Please ensure you provide the following attachments with your application:

Attached

Evidence of current standard public liability insurance of not less than \$10 million, incorporating cover for the associated activities.

Y /  N

Any additional proposed information relating to your activity/s  
(in addition to Section 4 if applicable)

Y /  N

**Declaration**

I \_\_\_\_\_ declare that the information provided by me in this application is true and correct and I consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department in regards to any matters relevant to this application.

In making an application, I agree to indemnify Fraser Coast Regional Council from and against all actions, claims, demands, notices, losses, damages, costs and expenses which Council may incur or become liable for in respect of the temporary advertising sign, or in any way in relation to the temporary advertising sign and this approval, and agree to keep in effect, during the continuance of this approval, an appropriate and current public liability policy with an indemnity of not less than \$10 million, which policy shall indemnify Fraser Coast Regional Council in respect of such actions.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

Application Number:		Receipt No:	
Date Created:	CSO Initials:	Amount Paid: \$	
Authorised Officer:			
Comments:			