

A. Project information			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/other description	
B. Applicant Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner			
Last name	First name	Corporation or Partnership	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	
C. Owner (if different from applicant)			
Last name	First name	Corporation or Partnership	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	
D. Purpose of application			
<input type="checkbox"/> New Installation		<input type="checkbox"/> Alteration/repair	<input type="checkbox"/> Licence Renewal
Description of proposed work:			
<input type="checkbox"/> Schedule D – Banner Sign	<input type="checkbox"/> Schedule G – Mobile Sign	<input type="checkbox"/> Schedule J – Projecting Sign	
<input type="checkbox"/> Schedule E – Ground Sign	<input type="checkbox"/> Schedule H – Portable Sign	<input type="checkbox"/> Schedule K – Roof Sign	
<input type="checkbox"/> Schedule F – Inflatable Sign	<input type="checkbox"/> Schedule I – Projected Display Sign	<input type="checkbox"/> Schedule L – Wall Sign	
Additional Notes:			
E. Applicable Approvals		F. Variance Required	
<input type="checkbox"/> Renewal to comply with Section 4.16 of Sign By-law <input type="checkbox"/> Engineering Services approval required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Compliance with Schedule G & H of By-law <input type="checkbox"/> Legal access/right of entry <input type="checkbox"/> Clerk's Division Approval <input type="checkbox"/> Public Liability Insurance coverage required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Minimum setbacks to existing ground signs		<input type="checkbox"/> Chief Building Official <input type="checkbox"/> Council	
G. Required Documentation (2 copies)			
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Elevations	<input type="checkbox"/> Structural Details	
H. Declaration of applicant			
I _____ certify that:			
(print name)			
1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. 2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.			
_____		_____	
Date		Signature of applicant/authorized agent	
For use by Principal Authority			
Application number:	Licence number:	Building Permit number (if applicable):	
Date received:	Fees:	<input type="checkbox"/> First Party Sign <input type="checkbox"/> Third Party Sign	
Date of Installation/Issuance		Date of Removal/Renewal	