



BUILDING SERVICES APPLICATION FOR SIGN PERMIT

Application # : _____

Permit # : _____

Proposed Installation Date: _____

Location :

No. _____ Street _____ Unit# _____

Business:

Name of Business _____

Applicant:

Name _____ Address _____ Postal Code _____ Telephone _____

Sign Contractor:

Name _____ Address _____ Postal Code _____ Telephone _____

TYPE AND NUMBER OF SIGN(S) TO BE ERECTED:

- | | | |
|-------------------------------------|---|---------------------------------------|
| Banner <input type="checkbox"/> | Billboard <input type="checkbox"/> | Tourist Home <input type="checkbox"/> |
| Canopy <input type="checkbox"/> | Ground Supported <input type="checkbox"/> | Wall <input type="checkbox"/> |
| Projecting <input type="checkbox"/> | Roof <input type="checkbox"/> | Awning <input type="checkbox"/> |
| Portable <input type="checkbox"/> | Projected Image <input type="checkbox"/> | Fascia <input type="checkbox"/> |
| Murads <input type="checkbox"/> | Logo <input type="checkbox"/> | Pylon <input type="checkbox"/> |
| Portable <input type="checkbox"/> | | |

WORK PROPOSED (PLEASE CIRCLE ONE): ERECT ALTER REPAIR MOVE ELECTRICAL

SUBMISSION NOTES:

- Two copies of a Site Plan, Elevation, and Foundation Detail must be submitted with application.
- A sign structure shall be designed by an Architect or Professional Engineer where it is a Ground Supported or Tower Sign which exceeds 7.5 metres in height, a Roof Sign which exceeds 9.29 m2, a Projecting Sign attached or fastened in any manner to a parapet wall or weighs more than 113 Kg.
- Property line location to be verified prior to installation of any signs to ensure compliance with approved location as shown on the site plan.

List ALL Other Signs Located on Property: _____

DECLARATION:

Applicant _____ Address _____

Postal Code _____ Telephone _____ Fax _____

I am the owner authorized agent of the owner and hereby declare that the information contained in this application and attached hereto is and correct.

Signature: _____ Date: _____