



Application for Sign Permit

Date Received:		Permit No.	
A. Location of Proposed Sign			
Street Address:		Unit#	Lot/Con
B. Owner Information			
Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Authorized Agent			
Last Name:		First Name:	Company:
Street Address:			
Town:	Postal Code:	Prov.	E-mail:
Phone No:		Fax No:	Cell No:
C. Applicant/Contractor Information			
Last Name:		First Name:	Company:
Street Address:			
Town:	Postal Code:	Prov.	E-mail:
Phone No:		Fax No:	Cell No:
D. Type of Sign			
Portable/Mobile <input type="checkbox"/> Ground <input type="checkbox"/> Wall <input type="checkbox"/> Development <input type="checkbox"/> Sp. Event <input type="checkbox"/>			
Dates Required for Mobile Sign (90 days total in a calendar year): _____			
F. 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. I have the authority to bind the corporation and/or partnership.			
3. Personal information is being collected under the authority of the Municipal Act, 2001, as amended, for the purposes of the administration of this sign permit. Questions regarding the collection of personal information should be directed to the Manager, By-law Enforcement Services, Town of East Gwillimbury, 19000 Leslie Street, Sharon, ON L0G 1V0; Telephone (905) 478-4282; Fax (905) 478-2808.			
Signature: _____		Date: _____	
G. Application Requirements – Office Use			
Permit Application <input type="checkbox"/>		Owner/Landlord Approval <input type="checkbox"/>	
Site Plan <input type="checkbox"/>		Council Approval <input type="checkbox"/>	
Region of York Approval (If on Regional Road) <input type="checkbox"/>		Mock Layout of Sign (Including dimensions) <input type="checkbox"/>	
Application Fee <input type="checkbox"/>		Other <input type="checkbox"/> _____	
H. Fees – Office Use			
1. Sign Permit Fee <input type="checkbox"/>		5. Other \$ _____	
2. Sign Permit Deposit <input type="checkbox"/>			
3. Sign Variance Fee <input type="checkbox"/>			
4. Ground/Development Sign Fee <input type="checkbox"/>		Permit Total \$ _____	
Return Deposit to: _____			
I. Authorization – Office Use			
Approved by: _____		Date of Final Inspection: _____	
Date: _____		_____	

