



Application for Sign Permit

Date Received:	Permit No.
Roll No:	Zoning:

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 partnership			
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 <input type="checkbox"/>		Other <input type="checkbox"/> _____	
Application Fee <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: _____		_____	