



PORT COLBORNE

APPLICATION TO INSTALL A SIGN

For use by Principal Authority

Application Number:		Permit Number:	
Date Received:		Roll Number:	

Project Information

Address:		Unit Number:
Municipality:	Postal Code:	Plan Number:
Project value:		Area of work:
Does the proposed sign pertain to one or more new / existing businesses on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please provide the business names:		
Are there any other signs present on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of existing ground signs if any:		Total number of existing signs

Sign Details

Proposed work is: <input type="checkbox"/> New <input type="checkbox"/> Alter/Relocate	Installation date:	
Size of sign:	Sign area:	Wall area:
Height above grade: m	Total height:	m

<input type="checkbox"/> Awning	<input type="checkbox"/> A-Frame	<input type="checkbox"/> Banner	<input type="checkbox"/> Billboard	<input type="checkbox"/> Fascia
<input type="checkbox"/> Portable	<input type="checkbox"/> Pylon	<input type="checkbox"/> Projecting	<input type="checkbox"/> Roof	<input type="checkbox"/> Freedom of speech
<input type="checkbox"/> Ground				
Sign finish: <input type="checkbox"/> Painted <input type="checkbox"/> Plastic <input type="checkbox"/> Neon <input type="checkbox"/> Wood				Is sign illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant

Applicant is <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner (if selected, complete authorization form)		
First Name:	Last Name:	
Corporation or Partnership:		
Street Address:		Unit No:
Municipality:	Postal code:	Province:
Telephone Number:		Cell number:
Email Address:		

Owner

First Name:	Last Name:	
Corporation or Partnership:		
Street Address:		Unit No:
Municipality:	Postal code:	Province:
Telephone Number:		Cell number:
Email Address:		

Sign Contractor

First Name:	Last Name:		
Corporation or Partnership:			
Street Address:			Unit No:
Municipality:	Postal code:	Province:	
Telephone Number:		Cell number:	
Email Address:			

Declaration of Applicant

I the applicant, acknowledge that the information contained in this application, attached plans and specifications, and other attached documentation is true to the best of my knowledge and that if the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Date:	Signature:
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Required Supplemental Information

In addition to the submission of this completed form the submission must also include supporting drawing/diagram/picture of the sign as well as the intended wording of the sign.

Other Approvals

Where the erection of a sign may require approvals from the Regional Municipality of Niagara, Ministry of Transportation or Niagara Parks Commission. Approval(s) granted from these authorities, as applicable, shall be submitted to the Building Division for record. It should be noted that approvals from other authorities does NOT exempt an applicant from obtaining a sign permit.