



Application for a Sign Permit

This form is authorized under Township of Clearview Sign By-law # 2020-043

OFFICE USE ONLY

Permit #:	Received by:
Date received:	Roll #:

A. Project information

Address (location of sign):		Unit #:
Municipality: Township of Clearview	Postal Code:	Business Name:
Sign Value Estimate:	# of Signs:	Total Area (m ²):
Frontage (m):	Zoning:	Adjacent Zoning:

B. Applicant

Applicant is: Owner or Authorized agent of owner

Principal - Last Name: Contact	First Name:	Business:
Address:		Unit #:
Municipality:	Postal Code:	Province:
Telephone: ()	Fax: ()	Cell: ()
E-mail:		

C. Owner (if different from applicant)

Last Name:	First Name:	Business:
Address:		Unit #:
Municipality:	Postal Code:	Province:
Telephone: ()	Fax: ()	Cell: ()

D. Sign Contractor (if not listed above)

Principal - Last Name: Contact	First Name:	Business:
Address:		Unit #:
Municipality:	Postal Code:	Province:
Telephone: ()	Fax: ()	Cell: ()

E. Proposed Sign Use

- | | |
|--|---|
| <input type="checkbox"/> Home Occupation / Home Industry | <input type="checkbox"/> Agricultural / Rural |
| <input type="checkbox"/> Commercial / Industrial / Institutional | <input type="checkbox"/> Billboard |
| <input type="checkbox"/> Real Estate Developer | <input type="checkbox"/> Special Event |
| | <input type="checkbox"/> Other _____ |

F. Proposed Sign Specifications

- | | | | |
|------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> A - Frame | <input type="checkbox"/> Developer | <input type="checkbox"/> Ground | <input type="checkbox"/> Projecting |
| <input type="checkbox"/> Awning | <input type="checkbox"/> Directional | <input type="checkbox"/> Inflatable | <input type="checkbox"/> Wall |
| <input type="checkbox"/> Banner | <input type="checkbox"/> Flag | <input type="checkbox"/> Portable | <input type="checkbox"/> Window |
| <input type="checkbox"/> Billboard | | | <input type="checkbox"/> Other _____ |

Permanent: <input type="checkbox"/> Yes <input type="checkbox"/> No Illuminated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary: To be erected on: _____ To be removed on: _____
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Digital Yes No

If yes, provide details to ensure compliance with Section 5.8 of the Sign By-law 20-43.

A sign needs a building permit when it is over 7.5 m in height; overhanging signs over 115 kg in weight; and, signs with a sign area of over 10 m2, or as per the requirements of the Ontario Building Code.

G. Authorization

If the applicant is not the owner of the property where the sign will be displayed, written authorization of the property owner that the applicant is authorized to make the application shall be included with this form, or the authorization set out below shall be completed.

I/We, _____ am/are the owner(s) of the land that is the subject of this Sign Permit Application.

I/We authorize, _____ to make this application on my/our behalf.

_____ _____
date *signature of owner*

_____ _____
signature of owner

H. Declaration of applicant

I, _____ certify that:

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 authority to bind the corporation or partnership (if applicable).

_____ _____
date *signature of applicant*

OFFICE USE ONLY: <input type="checkbox"/> Checklist for Sign Application: Zone: _____ Frontage: _____ Zone of Adjacent Property: _____ # New signs: _____ Type: _____ Size: _____	<input type="checkbox"/> Charges/Fees: Permit Fee: \$ _____ <input type="checkbox"/> paid Date Issued: _____ <input type="checkbox"/> CIP Program				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Contact us at:</td> </tr> <tr> <td style="padding: 5px;"> Planning Department Clearview Township (705) 428-6230, ext. 238 fax (705) 428-0288 </td> <td style="padding: 5px;"> 217 Gideon Street, Box 200 STAYNER, ON L0M 1S0 ctaggart@clearview.ca www.clearview.ca </td> </tr> </table>		Contact us at:		Planning Department Clearview Township (705) 428-6230, ext. 238 fax (705) 428-0288	217 Gideon Street, Box 200 STAYNER, ON L0M 1S0 ctaggart@clearview.ca www.clearview.ca
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