Sign Permit Application

[Reference The Blue Mountains Sign By-Law 2001-57]

Office Use Only	
Application number:	Permit number (if different):
Date received:	Roll number:

Application submitted to:

TOWN OF THE BLUE MOUNTAINS
32 Mill Street P.O. Box 310, Thornbury, ON N0H 2P0
Tel: (519) 599-3131 Fax: (519) 599-6032
Toll Free: 1-888-258-6867 www.thebluemountains.ca

A. Project Location Information

Building number, street name		Unit number	Lot/con.
Municipality THE BLUE MOUNTAINS	Postal code	Plan number/other description	
Project value est. $		Area of work (m^2)	

B. Purpose of application

◯	◯	◯	◯	◯ Sign Permit

Description of proposed project:

C. Applicant

Applicant is: ☐ Owner or ☐ Authorized agent of owner (attach letter from owner)

Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )	Cell number ( )	

D. Owner (if different from applicant)

Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )	Cell number ( )	

E. Supplier/Contractor (optional)				
Last name	First name	Corporation or partnership (if applicable)		
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number ( )	Fax ( )		Cell number ( )	

F. Declaration of applicant

I _____ declare that:
(print name)

1. The information contained in this application, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

_____ _____
Date Signature of applicant