



Sign Permit Application

Town of The Blue Mountains

32 Mill Street, Box 310, Thornbury, ON N0H 2P0

Telephone: 519-599-3131 Fax: 519-599-6032

Toll Free: 1-888-258-6867 www.thebluemountains.ca

Reference The Blue Mountains Sign By-law 2016-71

Office Use Only

Application Number: _____ Date Received: _____ Roll Number: _____

Project Information

Property Address: _____

Project Value Estimate: _____

Area of Work (m²): _____

Description of Proposed Project (Including sign/lettering material(s) to be used):

Applicant Information

Applicant is (check one): Owner _____ or Authorized Agent of Owner _____

Applicant Name: _____

Address: _____

Email: _____

Telephone Number: _____

Cell/Alternate: _____

Fax: _____

Owner Information (if different from applicant)

Name: _____

Address: _____

Email: _____

Telephone Number: _____

Cell/Alternate: _____

Fax: _____

Supplier/Contractor Information (optional)

Name: _____

Address: _____

Email: _____

Telephone Number: _____

Cell/Alternate: _____

Fax: _____

Declaration of Applicant

I, _____ declare that:

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