



## Sign Permit Application

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### 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 (m<sup>2</sup>): \_\_\_\_\_

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