

## Supplemental Information to Install a Sign (One form per Elevation)

### Project information

Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_

Estimated Construction Value: \$ \_\_\_\_\_ Lot Frontage: \_\_\_\_\_ m

Does the proposed sign pertain to one or more new / existing business(es) on the premises?  Yes  No

If yes, please provide name(s) of business(es): \_\_\_\_\_

Are there any other signs present on the property?  Yes  No If Yes, list: \_\_\_\_\_

If yes, number of existing ground signs: \_\_\_\_\_ Total number of existing signs: \_\_\_\_\_

### Sign details

Proposed work is:  new  alter Installation date: \_\_\_\_\_

Size of sign #1:	m	X	m	=	m <sup>2</sup> Min. height above grade:	m	Total height:	m
Size of sign #2:	m	X	m	=	m <sup>2</sup> Min. height above grade:	m	Total height:	m
Size of sign #3:	m	X	m	=	m <sup>2</sup> Min. height above grade:	m	Total height:	m
Size of sign #4:	m	X	m	=	m <sup>2</sup> Min. height above grade:	m	Total height:	m
Size of sign #5:	m	X	m	=	m <sup>2</sup> Min. height above grade:	m	Total height:	m
Size of sign #6:	m	X	m	=	m <sup>2</sup> Min. height above grade:	m	Total height:	m

*If more than 6 signs on one elevation provide additional supplemental form.*

Type and Number of signs to be installed:

<input type="checkbox"/> awning:	<input type="checkbox"/> banner:	<input type="checkbox"/> pole/pylon (>3m):	<input type="checkbox"/> canopy:	<input type="checkbox"/> fascia:
<input type="checkbox"/> logo:	<input type="checkbox"/> murals:	<input type="checkbox"/> ground (<3m):	<input type="checkbox"/> projecting:	<input type="checkbox"/> portable:
<input type="checkbox"/> wall:	<input type="checkbox"/> flag/wrap:			

Sign finish:  metal  plastic  neon  wood  electronic Is sign illuminated?  Yes  No

### 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 authorization to apply on behalf of the corporation or partnership (signed Authorization Form to be submitted).

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### For Office Use ONLY

Fee Calculations:			
# of each type		Sign Permit Rate	Total Amount
	Wall Signs		
	Ground Signs		
	Pole Signs		
	Other		
		<b>Total Amount Owng =</b>	