



## Sign Permit Application Form

Town of Wasaga Beach Sign By-law No. 2021-68

Permit No.: \_\_\_\_\_ Application Fee: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

Location: \_\_\_\_\_  
**(attach site plan/sketch with measurements)**

### APPLICANT INFORMATION

Applicant is the:  Owner or  Agent of Owner

Applicant Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Do you **OWN** or **RENT** the property?

Do you have permission from the Property Owner to apply for signage at this location? **Y** **N**

Do you have a valid Town of Wasaga Beach Business Licence? **Y** **N**

### TYPE OF SIGN

Permanent Sign	<input type="checkbox"/> Awning	<input type="checkbox"/> Ground	<input type="checkbox"/> Wall	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Projecting	<input type="checkbox"/> Other
Temporary Sign	<input type="checkbox"/> A-Frame	<input type="checkbox"/> Banner	<input type="checkbox"/> Mobile	<input type="checkbox"/> Flag	<input type="checkbox"/> Wire/Picket	<input type="checkbox"/> Other

### SIGN INFORMATIONN (ATTACH PLANS/DIAGRAMS AND COPY OF SIGN FACE)

DESCRIPTION OF SIGN:

Height of Sign:	Width of Sign:	Area of Sign:
Temporary Sign Install Date:	Temporary Sign Expiration Date:	<input type="checkbox"/> Install/expiration date not applicable (permanent sign)

### ACKNOWLEDGEMENT

I hereby acknowledge that I have read and understand this application and I agree to:

- Comply with all applicable Town Bylaws
- Adhere to all specifications and instructions issued by duty authorized officers of the Town in respect of work incidental to the subject matter of this application
- Notify the Town immediately should I move/remove any sign(s) that are approved

It is expressly understood that the issuance of a permit does not relieve the applicant from complying with all Bylaws. I further agree to indemnify the Town of Wasaga Beach against all losses, costs, charges or damages caused or arising out of anything done pursuant to any permit issued under this application.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

OFFICE USE ONLY: Have all requirements of the application been met? **Y** **N**  
 Staff Remarks/Conditions:

Approvals Required:  Building Department (Permit #: \_\_\_\_\_)  Planning/Zoning Department