



# Application for a Sign Permit

This form is authorized under Township of Clearview Sign By-law # 2020-043

## OFFICE USE ONLY

Permit #:	Received by:
Date received:	Roll #:

### A. Project information

Address (location of sign):		Unit #:
Municipality: <b>Township of Clearview</b>	Postal Code:	Business Name:
Sign Value Estimate:	# of Signs:	Property Total Area (m <sup>2</sup> ):
Property Frontage (m):	Zoning:	Adjacent Zoning:

### B. Applicant

Applicant is:  Owner or  Authorized agent of owner

Principal - Last Name: Contact	First Name:	Business:
Address:		Unit #:
Municipality:	Postal Code:	Province:
Telephone: ( )	Fax: ( )	Cell: ( )
E-mail:		

### C. Owner (if different from applicant)

Last Name:	First Name:	Business:
Address:		Unit #:
Municipality:	Postal Code:	Province:
Telephone: ( )	Fax: ( )	Cell: ( )

### D. Sign Contractor (if not listed above)

Principal - Last Name: Contact	First Name:	Business:
Address:		Unit #:
Municipality:	Postal Code:	Province:
Telephone: ( )	Fax: ( )	Cell: ( )

### E. Proposed Sign Use

- |  |   |
|--|---|
| <input type="checkbox"/> Home Occupation / Home Industry         | <input type="checkbox"/> Agricultural / Rural |
| <input type="checkbox"/> Commercial / Industrial / Institutional | <input type="checkbox"/> Billboard            |
| <input type="checkbox"/> Real Estate Developer                   | <input type="checkbox"/> Special Event        |
|  | <input type="checkbox"/> Other _____          |

### F. Proposed Sign Specifications

- |                                    |                                      |                                     |                                      |
|------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> A - Frame | <input type="checkbox"/> Developer   | <input type="checkbox"/> Ground     | <input type="checkbox"/> Projecting  |
| <input type="checkbox"/> Awning    | <input type="checkbox"/> Directional | <input type="checkbox"/> Inflatable | <input type="checkbox"/> Wall        |
| <input type="checkbox"/> Banner    | <input type="checkbox"/> Flag        | <input type="checkbox"/> Portable   | <input type="checkbox"/> Window      |
| <input type="checkbox"/> Billboard |                                      |                                     | <input type="checkbox"/> Other _____ |

Permanent:  Yes  No

Illuminated:  Yes  No

Sign Area \_\_\_\_\_ m<sup>2</sup> Weight of Sign \_\_\_\_\_ kgs

Sign Area \_\_\_\_\_ m<sup>2</sup> Weight of Sign \_\_\_\_\_ kgs

Temporary:

To be erected on:

To be removed on:

Digital  Yes  No

If yes, provide details to ensure compliance with Section 5.8 of the Sign By-law 20-43.

**A sign needs a building permit when it is over 7.5 m in height; overhanging signs over 115 kg in weight; and, signs with a sign area of over 10 m<sup>2</sup>, or as per the requirements of the Ontario Building Code.**

**G. Authorization**

*If the applicant is not the owner of the property where the sign will be displayed, written authorization of the property owner that the applicant is authorized to make the application shall be included with this form, or the authorization set out below shall be completed.*

I/We, \_\_\_\_\_ am/are the owner(s) of the land that is the subject of this Sign Permit Application.

I/We authorize, \_\_\_\_\_ to make this application on my/our behalf.

\_\_\_\_\_ date

\_\_\_\_\_ signature of owner

\_\_\_\_\_ signature of owner

**H. Declaration of applicant**

I, \_\_\_\_\_ certify that:

- 1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
- 2. I have authority to bind the corporation or partnership (if applicable).

\_\_\_\_\_ date

\_\_\_\_\_ signature of applicant

**OFFICE USE ONLY:**

Checklist for Sign Application:

Zone: \_\_\_\_\_

Frontage: \_\_\_\_\_

Zone of Adjacent Property: \_\_\_\_\_

# New signs: \_\_\_\_\_

Type: \_\_\_\_\_

Size: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Charges/Fees:

**Permit Fee:** \$ \_\_\_\_\_  paid

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

CIP Program

**Contact us at:**

Planning Department      217 Gideon Street, Box 200  
 Clearview Township      STAYNER, ON L0M 1S0  
 (705) 428-6230, ext. 238    [plan@clearview.ca](mailto:plan@clearview.ca)  
 fax (705) 428-0288        [www.clearview.ca](http://www.clearview.ca)