



# Sign Permit Application – Permanent Sign

## Applicant Information

Applicant(s):

Full Mailing Address:

Phone:

Fax/Email:

Property Owner(s) (if different then applicant):

Full Mailing Address:

Phone:

Fax/Email:

Sign Company / Installation Company:

Full Mailing Address:

Phone:

Fax/Email:

## Sign Information

Municipal Address:

Type of Sign:

- Awning       Canopy       Fascia       Ground  
 Projecting/Vertical       Service Station       Other

Cost:

Type of Sign	Fee
Permanent Sign Permit	\$100
Sign Variance Request	\$200
Sign on Municipal Property	\$550/year
Sign Permit – Not for Profit	Free



Dimensions:

Sign Height (m):

Distance from entrances (m):

Total Height (m):

Clear Height (m):

Sign Width (m):

Distance from lot line (m):

Sign Face Area (m<sup>2</sup>):

Sign Weight (kg):

Sign Lighting

External

Internal

No Lighting

Attach Site Plan

This application **SHALL** be accompanied by payment and a scaled drawing which will include information in regards to the materials used, letters, numerals, insignia, logos, colours, dimensions (height, width, clear height, and sign height), setbacks, and all relevant structural information. An engineered drawing may also be requested.

Owners Consent

I, the undersigned, agree to comply with the provisions of the Municipality of Meaford Sign By-law, as amended. I further agree that neither the granting of a permit, nor the approval of the drawings and specifications, nor the inspections made by the authority having jurisdiction during the work on the building shall in any way relieve me from full responsibility for carrying out the work in accordance with the requirements of any applicable by-law and understand and agree to the terms of this application.

Signature of Owner: \_\_\_\_\_

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



## For Office Use Only

Date Accepted:

Accepted By:

File Number:

Roll Number:

Zoning of Property:

Building Permit:      Yes      N/A      Variance:      Yes      N/A

Heritage Permit:      Yes      N/A

Other Notes:

Permit Number:

Fee Paid:

Receipt Number

Application is:      Approved      Denied

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

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

## Questions and Collection of Personal Information

Upon completion of this form please send to:

Municipality of Meaford  
21 Trowbridge St W  
Meaford On, N4L 1A1  
Fax: 519-538-5240

Email: [bylaw@meaford.ca](mailto:bylaw@meaford.ca)

This personal information is being collected under the authority of **The Municipal Act, 2001** and will be held in accordance with the provisions of the Municipal Freedom of Information & Protection of Privacy Act. Any queries related to this collection should be directed to **the Clerk** at (519) 538-1060 or [clerk@meaford.ca](mailto:clerk@meaford.ca).