



**SCHEDULE 'E'**  
**SIGN VARIANCE**

Municipality of Meaford By-law No. 22-2014

APPLICANT INFORMATION		
Name of Applicant:		
Address of Applicant:		
Phone # of Applicant: Home Phone: (    )		Cell Phone: (    )
Roll #:	Email:	
AGENT		
Agent (if any):		
Municipal Address:		
Business Phone: (    )		Home Phone: (    )
Cell Phone: (    )		
Email:		
PROPERTY INFORMATION		
Zone classification of the subject land:		
Legal description of subject land:		
Dimensions of land affected:		
Is the property designated under the Ontario Heritage Act: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>ATTACHED SITE PLAN:</b> This application shall be accompanied by a scaled drawing which will include information in regard to material used; letters; numerals; insignia; logo; colours; dimensions of the sign area, sign face, copy area and support members; the maximum height, clearance and projection; description of the copy or wording to be displayed; and, all relevant structural information.		
DETAILS OF APPLICATION		
List all required variances:		
Why is it not possible to comply with the provisions of the Sign By-law:		
Particulars of all signs on or proposed for the subject land:		
<u>Existing</u>		
Type of Sign: _____		
Dimensions of Sign Structure: _____		
Sign Area: _____		
<u>Proposed</u>		
Type of Sign: _____		
Dimensions of Sign Structure: _____		
Sign Area: _____		
<u>Location of all signs on or proposed for the subject land (specify distance from side, rear and front lot lines)</u>		
Existing:		
_____		
Proposed:		
_____		

Date of acquisition of subject land:
Date of construction of all signs on subject land:

Has the owner previously applied for variances of the subject land?  Yes  No  
 If yes, describe briefly:

**AUTHORIZED AGENT** (To be completed only if owner is to be represented by a second party)

I/We \_\_\_\_\_ owner(s) of the property known as \_\_\_\_\_ hereby authorize \_\_\_\_\_ to make a minor variance application on my/our behalf to the Municipality of Meaford.

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

\_\_\_\_\_  
Signature of Witness

**STATUTORY DECLARATION**

I, \_\_\_\_\_ of the \_\_\_\_\_ in the \_\_\_\_\_ solemnly declare that all statements contained in this application are true and I make this declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Declared before me at the \_\_\_\_\_ in the \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant or Authorized Agent

\_\_\_\_\_  
Signature of Commissioner

**PLEASE RETURN THIS APPLICATION TO:**  
 MUNICIPALITY OF MEAFORD – PLANNING/BUILDING SERVICES  
 21Trowbridge Street West Meaford, ON N4L 1A1  
 Tel: (519) 538 - 1060 Fax: (519) 538-1556

For Office Use Only		
Date received:	Received by:	
Zoning of Property:		
Building Permit required: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Comments/approval from Building Department:	<input type="checkbox"/> YES (as attached) <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Comments/approval from Operations Department:	<input type="checkbox"/> YES (as attached) <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Comments/approval from By-law Department:	<input type="checkbox"/> YES (as attached) <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Variance - Approval required from Council	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other notes/comments:		
Fee Paid:	Receipt No.:	Refund Request:
Application is : <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:	
Permit No.:		

*The names of the applicant and qualifying information provided within this application form will be subject to the Municipal Freedom of Information and Protection of Privacy Act. Questions about this collection should be directed to the Clerk of the Municipality of Meaford*