SIGN PERMIT APPLICATION

SIGN VARIANCE

Municipality of Meaford

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: ☐ Yes ☐ No		
ATTACHED SITE PLAN: 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:

Existing

Type of Sign:_____

Dimensions of Sign Structure:_____

Sign Area: _____

Proposed

Type of Sign:_____

Dimensions of Sign Structure:_____

Sign Area: _____

Location of all signs on or proposed for the subject land *(specify distance from side, rear and front lot lines)*

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 - Municipal Enforcement
15 Trowbridge Street West Meaford, ON N4L 1A1
bylaw@meaford.ca
Tel: (519) 538 - 2121 Fax: (519) 538-1556

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