

Town of St. Marys PO Box 998 408 James Street South St. Marys ON N4X 1B6 Tel: 519-284-2340 ext 243 Fax: 519-284-0902

## TOWN OF ST. MARYS - APPLICATION FOR A SIGN PERMIT

I/We hereby make application for a Sign Permit under the provisions of the Town of St. Marys Sign By-law, being By-law No. 33-2005 in accordance with the plans and supporting information submitted herewith and which form a part of this application.

| Name:                      |               |                | AND FOR DOOR            | D1  |                 |
|----------------------------|---------------|----------------|-------------------------|---|-----------------|
| Name:                      |               |                | Phone:                  |   |                 |
| Mailing Address:           | bedever e     | tim permit u   | mevo si<br>a fa filo    | er ecknoviedge inst in ti<br>larity or non-conformity v | rimi i<br>recui |
| OWNER INFOR                | MATION        | Haris enadt it | Sharry                  | c, or regulations made the                              | ral-ya          |
| Name:                      | one include a | Phone:         |                         |   |                 |
| Mailing Address:           |               | lo veb         | and a                   | vast4 J8 to nwoTent is i                                | эспрісі         |
| PROPERTY AF                | FECTED        |                |                         |   |                 |
| Street No.:                | Stre          | et Name:       |                         |   |                 |
| Registered Plan Number(s): | No.:          | Lot(s)/Block   | (s):                    | Reference Plan No.                                      | Part            |
| Concession Num             | ber(s):       | Lot Num        | nber(s):                |   |                 |
| SIGN TO BE E               | RECTED        |                |                         | tgegA besizodinAh                                       | esw0            |
| □Portable                  | □Fascia       | □Pylon         | □Other (please specify) |   |                 |
| □Temporary (ple            | ease specif   | y dates, times | & locati                | ion)  |                 |
| □Illuminated               |               |                |                         |   |                 |
| Location of Prop           | osed Sign:    |                |                         |   |                 |
| Estimated Cost:            |               |                |                         |   |                 |
| Brief Description          | n of Projec   | t with Dimens  | sions:                  |   |                 |
|                            |               |                |                         |   |                 |
|                            |               |                |                         |   |                 |

## **DECLARATION**

| I, the undersigned<br>owner) named in the above application and<br>or representations contained herein.  | , am the auth<br>I certify the tru | orized (owner/agent of<br>ath of all the statements    |  |
|--|------------------------------------|--|--|
| I understand that the issuance of a permit of the provisions of any requirements of the Tegulations made hereunder, notwithstand the plans or other material filed in support application.               | own of St. Mary<br>ing anything in | rs Sign By-law or<br>cluded in or omitted from         |  |
| I acknowledge that in the event a permit is<br>specifications or locations proposed in the a<br>could result in the permit being revoked.  |                                    |  |  |
| I further acknowledge that in the event the irregularity or non-conformity with the req By-law, or regulations made thereunder, the against the municipal corporation or any of hereby expressly waived. | uirements of th                    | ne Town of St. Marys sign<br>right of claim whatsoever |  |
| Signed at the Town of St. Marys this   | day of                             | , 20   |  |
|  |                                    |  |  |
|  |                                    |  |  |
|  |                                    |  |  |
| Owner/Authorized Agent   | Witness                            |  |  |
|  |                                    |  |  |