

Sign Permit Application

1 Project Information			
Date (mm/dd/yyyy)		Zoning	Folder Number:
Tenant / Business name			
Property address			Unit #
Business licence number		<input type="checkbox"/> Current <input type="checkbox"/> Expired	Phone
Property owner's name			
Address		City	Postal code
Phone	Email		
Applicant's name			
Address		City	Postal code
Phone	Email		
Contractor's name			
Address		City	Postal code
Phone	Email		
Business licence number		<input type="checkbox"/> Current <input type="checkbox"/> Expired	Phone
Inspection notices are emailed. Please provide an email address to receive inspection notices:			
MyTownship Access Code (provide 4 – 6 digits)			

Access Code allows applicants to request inspections and view permit information online at www.tol.ca/MyTownship.

SEE NEXT 

2 Project Details

A completed checklist must be submitted with the application

Fascia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New or reface			
Wall length			
Sign area			
Sign value \$			
Free Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New or reface			
Total sign area			
Clearance under			
Maximum height			
Single or double sided			
Sign value \$			
Other Sign Types	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Total sign area			
Wall length			
Clearance under			
Maximum height			
Single or double sided			
Sign value \$			

Total construction value \$

A completed Sign Permit Checklist must be included with the sign permit application.

3 Signature

I hereby confirm that the information supplied in support of this application is true and correct.

Applicant/Owner/Agent's signature

Print name

Date (mm/dd/yyyy)

Phone

Company name