



Office Use Only			
Roll Number:			
Permit Fee:		Receipt	
Date:			

Town of Parry Sound
SIGN PERMIT APPLICATION

APPLICANT INFORMATION

Applicant Name: _____

Company Name: _____

Address: _____

Town: _____ **Postal Code:** _____

Phone: _____ **Email:** _____

PROPERTY OWNER INFORMATION

Same as Applicant

Name: _____

Company Name: _____

Address: _____

Town: _____ **Postal Code:** _____

Phone: _____ **Email:** _____

CONTRACTOR INFORMATION

Same as Applicant

Same as Owner

Name: _____

Company Name: _____

Address: _____

Town: _____ **Postal Code:** _____

Phone: _____ **Email:** _____

SIGN INFORMATION

Address: _____

Town: _____ **Postal Code:** _____

Sign Type (Refer to Sign By-law): _____

Location Description: _____

Facing Direction: _____

Duration (Date range or permanent): _____

Will the installation process obstruct the sidewalk, road, or parking area? (as per the definition below):

Examples of Obstruction: Placement of merchandise, signs; wastebins; construction equipment (cranes, hoists, ladders) storage and completing construction, demolish or renovation work on your premise by using any portion of the sidewalk, parking spaces or municipal roadway as your work area.

Sidewalk

Parking Area

Road

None / N/A

Please include the following information with your application:

Drawing showing all details, existing and new- support, sign structure, mounting hardware, electrical.

Colour scheme/design.

Location plan showing sign and nearby features such as buildings, door and other signs, road(s), sidewalk, driveway(s), parking and traffic control devices

DECLARATION

I, _____, declare that:

- The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
- I certify that I have read, understand, and intend to comply with the Town of Parry Sound By-law and Policies regarding signs.

Date: _____ **Signature:** _____

Letter of Authorization

For an application for sign permit(s) by a person other than the legal owner

To: Town of Parry Sound,
52 Seguin Street,
Parry Sound, ON
P2A 1B4

I, _____, being the legal owner of
the property known as (civic address or legal description):

_____ ,

in the Town of Parry Sound, and having Tax Assessment Roll Number:

4932- _____ do hereby authorize (name):

to make application to the Town of Parry Sound for a Sign Permit.

Additional Description (as necessary):

Date: _____ Signature of Owner: _____