

# **Applicant Information**

Applicant Name(s): (Please print)	Applicant Address:
Applicant Phone Number & Contact Email Address:	Business Name (if applicable):

## **Registered Owner Information**

Owner's Name: (Please print)	Owner's Mailing Address
Owner's Contact Phone Number:	Owner's Contact Email Address:

### Sign Information

Address where sign will be located:		Legal Description:		
		Lot:	Block:	Plan:
Sign will be:		Text of sign:		
New Addition Alter	ration			
Type of Sign (check all that apply): Awning Balloon Canopy Canopy Changeable Copy Development Development Application Directional	<ul> <li>Election</li> <li>Fascia</li> <li>Freestanding</li> <li>Home Based Busines:</li> <li>Painted Wall</li> <li>Portable Changeable</li> <li>Primary Freestanding</li> <li>Projecting</li> </ul>			<ul> <li>Promotional</li> <li>Real Estate Directional</li> <li>Real Estate</li> <li>Roof</li> <li>Secondary Freestanding</li> <li>Subdivision Entry Sign</li> <li>Temporary</li> <li>Window</li> </ul>
Lot Area: Sign Height:	Сору	Area:	Si	gn Clearance:

### **Additional Information Required**

- A drawing of the proposed sign to scale showing the copy sign area, sign dimensions and any sign structure.
- A site plan showing the location of the proposed sign in relation to the premises boundaries, existing signs and building(s) on the premises or proposed to be constructed.
- The proposed weight, height and clearance of the sign.
- The specifications of the structural and footing details and materials for the proposed sign.
- If the proposed sign is intended to be connected to an electrical energy source, written notice confirming that the Electrical Safety Branch of British Columbia has approved that connection.

### **Owner/Agent Authorization**

I HEREBY AGREE to indemnify and keep harmless the City of Fort St. John and its employees against all claims, liabilities, judgments, costs and expenses of whatsoever kind which may in any way occur against the said City and its employees in consequence of and incidental to, the granting of this permit, if issued, and I further agree to conform to all requirements of the Sign Bylaw and all other statutes and bylaws in force in the City of Fort St. John.

Signature of Owner/ Agent: \_\_\_\_\_ Printed name of Owner/ Agent: \_\_\_\_\_

Signed this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_,

#### For Office Use Only

Sign Permit Approved by:	Date Approved:	Permit fee:
		\$50.00