

**Application for a
SIGN Permit**

This form is authorized under By-law No. 97-45



TOWN OF
GRIMSBY

160 Livingston Ave
Grimsby, ON L3M 4G3
Tel 905-945-9634
Fax 905-945-5010
www.grimsby.ca

For use by Principal Authority		
Permit Number:	Permit Fee:	
Date received:	Property Zoning:	Roll Number:
Permit Type		
<input type="checkbox"/> Ground Sign <input type="checkbox"/> Pole Sign <input type="checkbox"/> Wall Sign <input type="checkbox"/> Portable Sign		
Business Type _____ Overall Height of Sign _____		
Period applied for if Portable _____ TO _____		
Sign Description _____		

A. Project information where sign is to be located:		
Building number, street name	Unit number	Lot/con.
Plan number/other description	Project value est.\$	

B. Applicant			
Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner			
Last Name	First Name	Corporation or partnership	
Street address			Unit number
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	

C. Owner (if different from applicant)			
Last name	First Name	Corporation or partnership	
Street address			Unit number
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	

D. Sign Company			
Last name	First Name	Corporation or partnership	
Street address			Unit number
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	

E. Declaration of Applicant	
I _____	certify that:
(print name)	
1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. 2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership. 3. That any misrepresentation may result in the revocation of said Sign Permit.	
_____	_____
Date	Signature of applicant

OFFICE USE:	
By-law Compliance reviewed by:	
Signature _____	Date _____