



5204 50 Avenue Camrose, AB T4V 0S8
Ph: 672 4428 Fax: 672 6316

Sign Permit No. _____
Permit Fee \$35.00
Receipt # _____

THE CITY OF CAMROSE APPLICATION FOR A SIGN PERMIT

Application Date: _____
Owner: _____ Installer: _____
Address: _____ Address: _____
Phone: _____ Fax: _____ Phone: _____ Fax: _____
Signature: _____ Signature: _____

Name of Business _____
Liability Coverage _____
Legal Description: LOT _____ BLOCK _____ PLAN _____
Lot Dimensions: WIDTH _____ LENGTH _____ **Include a Site Plan with Application**

Type of Sign

Freestanding Projecting Off Premise Wall/Fascia Freestanding Portable
 Billboard Overhanging Roof Temporary Other:

Sign Details

Enclose sketch/photo of Copy Face

Type of Construction and Finish: _____
Method of Support or Attachment: _____
Manner of Illumination and/or Animation: _____

Dimensions of Sign Structure:

Length _____ Width _____ Height _____ Projection _____

Sign Location:

Please indicate distance of proposed sign from:
Street _____ Property Lines: North _____
Intersections _____ South _____
Site Access _____ East _____
Existing Signs _____ West _____

Describe all existing signs (size, location, type): _____

For Office Use Only

Approved /Approved Subject to Following Conditions : _____
Refused for the Following Reasons: _____
Rejected for Lack of the Following Information: _____

Development Officer

Date

THIS PERMIT IS GRANTED FOR THE SIGN IN THE ABOVE LOCATION ONLY. A CHANGE IN ITS POSITION NECESSITATES A NEW PERMIT. FAILURE ON THE PART OF THE OWNER TO KEEP THE SIGN SECURELY ATTACHED TO THE BUILDING OR THE FAILURE TO PAY THE ANNUAL LIABILITY PREMIUMS MAY REQUIRE CANCELLATION OF THE PERMIT AND THE REMOVAL OF THE SIGN.