



DISTRICT OF 100 MILE HOUSE

SIGN PERMIT APPLICATION

SIGN USER / MANUFACTURER / INSTALLER

(a) Sign User:	Name _____
	Address _____
	Telephone__ () _____
(b) Sign Manufacturer:	Name _____
	Address _____
	Telephone__ () _____
(c) Sign Installer:	Name _____
	Address _____
	Telephone__ () _____

SIGN LOCATION

(a) Legal Description _____
(b) Street Address _____
(c) Building or Business Name _____
(d) Zone _____

BOX 340 100 MILE HOUSE, BC V0K 2E0 TEL: (250) 395-2434

FAX: (250) 395-3625

E-MAIL: district@dist100milehouse.bc.ca

DISTRICT OF 100 MILE HOUSE SIGN PERMIT APPLICATION (cont'd)

SIGN DESCRIPTION (Clear Drawings required)

(a)	TYPE _____
(b)	CHARACTERISTICS _____
	Dimensions _____
	Area (all sides) _____
	Weight _____
	Height (measured from finished grade) _____
	Clearance (measured from finished grade) _____
	Type of Illumination _____
	Method of Attachment _____
	Materials _____
	Construction Supports _____
	Footing Details _____
	Value \$ _____
	Other _____
(c)	SITING / AFFIXING _____
	Property Dimensions _____
	Building Face Dimensions _____
	Front Setback _____
	Interior Side Setback _____
	Exterior Side Setback _____
	Sign Setback from Buildings _____
	Sign Location on Building Face _____
	Other _____
(d)	EXISTING SIGNS _____
	Number _____
	Type _____
	Location _____

I, _____, the undersigned applicant understand and agree in applying for this permit that I shall comply with District of 100 Mile House zoning, sign, building, fire and health by-laws and regulations, the BC Building Code, and Canadian Electrical Code and I shall acquaint myself with all regulations pertaining to this permit.

Signature: _____

Date: _____

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