CORPORATION OF THE TOWN OF OAKVILLE – CLERKS DEPARTMENT

1225 Trafalgar Road, Oakville, Ontario L6J 5A6 – Phone (905)845-6601

APPLICATION FOR FASCIA OR GROUND SIGN PERMIT

OAKVILLE

APPLICANT: PLEASE TYPE OR PRINT IN BLOCK LETTERS

SIGN TYPE	☐ **ERECT FASCIA SIGN** ☐ **ERECT GROUND SIGN**		
PROJECT LOCATION	Street No. Street Name (in Full)		Unit No. Postal Code
OWNER	Registered Property Owner (Person or Company) Last Name (if Person) First Name (if Person) Company Officer Last Name (if Person) First Name (if Person)	Street No. Street Name City/Town Province Phone No. Bus. Home	Apt/Unit No. Postal Code Fax
APPLICANT/TENANT	Business Name Owner or Authorized Agent Name Last Name First Name **APPLICANT IS PRIMARY CONTACT UNLESS NOTED OTHERWISE ON THE APPLICATION**	Street No. Street Name City/Town Province Phone No. Bus. Home **When Ready: The permit will be mailed to the Applicant unless otherwise specified.**	Apt/Unit No. Postal Code Fax
SIGN CONTRACTOR	Company Name Company Officer Last Name First Name	Street No. Street Name City/Town Province Phone No. Bus. Home	Apt/Unit No. Postal Code Fax

Drawings in **DUPLICATE** must accompany this application showing the proposed sign and sign structure including the dimensions, copy design and materials **and:**

a) FOR FASCIA SIGNS – Section through wall showing wall thickness, floor and/or roof construction and anchorage, elevations of structure to which sign is to be attached showing location of openings, thickness, construction and proposed location of sign, height of sign above sidewalk, and projection of sign beyond the street line.

b) FOR GROUND SIGNS – Duplicate copies of a **current plan of survey certified by a registered Ontario Land Surveyor**, when required, on which is shown the location of the proposed sign in relation to the boundaries of the lot, adjacent streets and any buildings on the lot.

c) ALL lettering and lighting (including colour) on signs must be shown.

I, _____, of the City/Town of _____ in the
(Applicant to print name in full) (Circle One) (Name of Municipality)

Region/County of _____, confirm;
(Circle One) (Name of Region/County)

	1. That I am the ☐Owner or ☐Authorized AGENT OF THE OWNER, named in this application;
	2. That the statements contained in the said application are true and made with full knowledge of the circumstances connected with the same;
	3.That the plans and specifications properly describe the work for which a permit is being sought;
	4.That the current plan of survey submitted correctly sets out the dimensions and area of the lands described in the said application, the locations and nature of any easement on such lands, and the location of existing and proposed buildings to the street and property lines and easement;
	Take notice that the Applicant's sign may be subject to further permit requirements from other government authorities and it is the Applicant's responsibility to ensure that all requisite permits and approvals have been obtained. The Town of Oakville does not take any responsibility for losses or other action resulting from non-compliance with applicable law and this permit is not to be construed so as to authorize or permit any act prohibited by other applicable law. **The sign owner shall notify the By-law Enforcement section of the completion of the erection of any ground sign or fascia sign erected pursuant to a permit within 15 days after the sign is erected.** I HEREBY CERTIFY that I have read and fully understand all of the above conditions and that I make this Solemn Declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of "The Canada Evidence Act."
	Dated this _____ Day of _____ , 20 _____.
	X _____ (Signature of Applicant) / _____ (Signature of Clerk's Department, Witness to Applicant's Signature)

This document is public record. The information on this application and contained in documents required for permit issue and inspection may be divulged to any person upon request under the Municipal Freedom of Information and Privacy Act, 1989.

OFFICE USE ONLY

Area Code:	Received By:	Approved by:

Application Date:	Issue Date:

GROUND FASCIA Up to 40 Sq ft: _____@ $200 = _____

GROUND over 40 sq ft But not exceeding 80 sq ft: _____@ $400 = _____

FASCIA over 40 sq ft: _____@ $400 = _____

STRUCTURAL ALTERATION: _____@ $50 = _____

RECEIPT No: TOTAL = $

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☐ **CHEQUE** ☐ **CASH**