



SCHEDULE "A"

CITY OF PORT ALBERNI- SIGN PERMIT APPLICATION

Note: The personal information collected on this form is collected for the purpose of an operating program or activity of the City of Port Alberni as authorized by Section 26(c) of the *Freedom of Information and Protection of Privacy Act*. All information collected with this form shall be disclosed to the public upon request. If you have any questions about the collection and use of this information, please contact the City Clerk at (250) 720-2810

All applications must be accompanied by the following **(all measurements and scales must be in metric units)**:

1. Two (2) sets of detailed drawings to scale showing:
 - Sign copy (including colours), *copy area* and dimensions of the sign;
 - The proposed height and *clearance* of the sign;
 - Dimensions of the wall surface of the building to which the sign will be attached;
 - Structural and footing details and material specifications for the proposed sign;

2. Two (2) copies of a detailed plot / site plan to scale showing
 - The proposed location of the sign in relation to the property boundaries and any building on the property;
 - Dimensions and locations of all existing signs and buildings on the property;
 - A recent (within 30 days of application date) copy of the Land Title for the subject property.

3. Any additional information as required by the Bylaw.

TO BE COMPLETED BY APPLICANT:

REGISTERED OWNER INFORMATION:

(Please list names of **ALL** owners of the subject property where the Sign is to be located along with **full mailing addresses and phone numbers**. Attach a separate sheet if required)

Registered Property Owner(s) Name(s) (Please Print):.....
.....

Mailing Address:
.....

Postal Code: Telephone:.....

Business License Number (if applicable):.....
.....

APPLICANT INFORMATION (if the applicant is NOT the owner):

Applicant Name:

Mailing Address:

.....

Postal Code: Telephone:

Business License Number:

PROPERTY INFORMATION (for land where Sign is to be located):

Legal Description of property (as shown on Land Title or Tax Assessment Notice)(PLEASE PRINT):

.....

Civic Address of property (as verified by the City of Port Alberni)

.....

AUTHORIZATION:

City of Port Alberni, 4850 Argyle Street, Port Alberni, B.C., V9Y 1V8

I Hereby make application for a Sign Permit for the property described above.

Date: **Applicant's Signature:**

Note: Where the applicant is NOT the property owner, the following certification must be signed by all Registered Owners or their Solicitor/s:

This application is made with my consent and full knowledge of the particulars of the above request.

Date: **Owner(s) Signature(s)**.....

SIGN MANUFACTURER:

Name and Company Name:

Address:

Phone:

Business License Number:

SIGN DETAILS:

Type of Sign (as per this Bylaw):

Area (m²):.....

Background Area (m²):.....

Dimensions (m²):.....

Overall Height (m):.....

Clearance from Grade (m):

Estimated Value:.....

Dimensions of wall surface (m) (if applicable):

FOR OFFICE USE:

Folio No.:_____

Current Zoning:_____

DPA Required (Y/N)_____

Planning Dept. Approval(Y/N):_____

Permit No.:_____

Permit Fee:_____

Date of Issue:_____

Signature:_____