



Application for a Sign Variance

Sign By-law 6999/09

Project Information					
Building Number, Street Name				Unit No.	Lot/Con.
City	Province	Postal Code	Plan Number/Other Description		
Sign Value \$			Area of Sign Face (m ²)		
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 No.	Lot/Con.
City	Province	Postal Code	Email Address		
Telephone No.	Fax No.		Cellular No.		
Owner (if different from applicant)					
Last Name		First Name		Corporation or Partnership	
Street Address				Unit No.	Lot/Con.
City	Province	Postal Code	Email Address		
Telephone No.	Fax No.		Cellular No.		
Sign Company or Installer					
Last Name		First Name		Corporation or Partnership	
Street Address				Unit No.	Lot/Con.
City	Province	Postal Code	Email Address		
Telephone No.	Fax No.		Cellular No.		



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Declaration of Applicant

I _____ certify that:

Print Name

- 1) The information contained in this application, and in the attached plans, specifications, and other documents is true to the best of my knowledge.
- 2) I have authority to bind the corporation or partnership (if applicable).

Signature of Applicant

Date

Office Use Only

Application No.

Reference Building Permit No.

Date Received

Roll No.

Personal information contained in this form is collected under the authority of Sign By-law 6999/09 and will be used in the administration of this application. Questions about this collection should be directed to the City Clerk, One The Esplanade, Pickering, ON, L1V 6K7, 905.420.4611.