

As required by City of Vaughan Sign By-Law 203-92 as amended

BUILDING STANDARDS DEPARTMENT

2141 Major Mackenzie Drive

Vaughan, ON, L6A 1T1

(905) 832-8510

Application: _____ Permit Application Number: _____ Issued: _____

| | | | | | | |
|--|---|-------------|---------------------------|-----------|---------------|----------|
| PROPERTY LOCATION | STREET NO. | STREET NAME | UNIT NO. | LOT/BLK | PLAN/CON | OTHER |
| MOBILE SIGN OR "A" FRAME SIGN DETAILS | MOBILE SIGN (Permit Valid for 21 Days) <input type="checkbox"/> | | From: _____ (Start Date) | | | |
| | "A" FRAME SIGN (Permit Valid for 6 months) <input type="checkbox"/> | | To: _____ (End Date) | | | |
| BUSINESS OWNER (Tenant) | Sign Location _____ (Street Name) | | | | | |
| MOBILE SIGN CONTRACTOR / SUPPLIER | NAME | | | | | |
| | STREET NO. | STREET NAME | UNIT NO. | PHONE NO. | CITY | PROVINCE |
| | STREET NO. | STREET NAME | UNIT NO. | PHONE NO. | CITY | PROVINCE |
| | CITY | PROVINCE | POSTAL CODE | FAX NO. | EMAIL ADDRESS | |

BUSINESS OWNER DECLARATION

I, _____ of _____

| | | |
|------------|-------------|------------------|
| LAST NAME | FIRST NAME | PHONE NO. |
| STREET NO. | STREET NAME | UNIT NO. |
| CITY | PROVINCE | POSTAL CODE |
| | | MOBILE/PAGER NO. |

Do hereby declare the following:

1. THAT I am the business owner as stated above
 an officer/employee of the business owner and authorized by the business owner to make this application.
 an officer/employee of _____ which is an authorized agent of the business owner
2. THAT the statements made and the information provided herein are true and correct and are made and provided with full knowledge of the circumstances relating to this application

Signature _____ Date _____

SIGN COMPANY DECLARATION

I, _____ of _____

| | | |
|--------------|-------------|------------------|
| COMPANY NAME | | |
| STREET NO. | STREET NAME | UNIT NO. |
| CITY | PROVINCE | POSTAL CODE |
| | | MOBILE/PAGER NO. |

Do hereby declare the following:

1. THAT I am the business owners authorized agent
2. THAT the statements made and the information provided herein are true and correct and are made and provided with full knowledge of the circumstances relating to this application

Name _____ Signature _____ Date _____

OFFICE USE ONLY

| | | | | |
|------------------------|--------------------|-------------------|-------------------|-------------------------|
| PERMIT TYPE | AREA CODE | BUILDING TYPE | WORK PROPOSED | CALCULATED CONST. VALUE |
| SM / SA | | 501 / 502 | NEW | \$500 |
| PERMIT PAYMENTS | | | | |
| DATE: _____ | PAYMENT TYPE: 1010 | RECEIPT No. _____ | FEE PAID \$ _____ | |
| DATE: _____ | PAYMENT TYPE: 1010 | RECEIPT No. _____ | FEE PAID \$ _____ | |

Personal information on this form is collected under the legal authority of the Municipal Act. This information will be used to process the Permit Application and in the administration and enforcement of the previously noted statute. As a public record, information contained on this application and the documents required to issue a sign permit may be disclosed to any individual under the Municipal Freedom of Information and Protection of Privacy Act. Questions about this collection should be directed to the Manager of Customer and Administrative Services, 2141 Major Mackenzie Drive, Vaughan, Ontario L6A 1T1. (905) 832-8510.