Permanent Sign Application

Applicant Information		BL No.		PS No.	
Name of Applicant:					
Mailing Address:					
Street	•			al Code	
Phone No:				_ Fax No:	
Email:				-	
Registered Owner	(If different from ab	ove): Please not	e: Owner authorizati	on is required if App	olicant is not the owner.
Name:		Phone Number:		Email:	
Mailing Address:	City	Province	Partal Oada		
Street Name	City	Province	Postal Code		
Sign Information:					
Sign Location:	Unit #	Init # Street Name		Zone:	
Legal Description:	Offit #	Street Name		☐ Sign Abuts Neighbouring Property	
Legal Description:	Lot	Block	Plan		reignbouring r reperty
Sign Height From Finished Grade	Sign Face Area	Side Yard Set Back	Front Yard Setback	Rear Yard Setback	Sign Type
Finished Grade					
-		•	f the sign on which wo	•	may be placed
Please ensure the 1. Application Fee:					. Detailed Site Plan
• •			date of application i		
Sign permits are is	ssueu within 10 to 1	5 working days from	date of application i	an required inform	ation is submitted.
Declaration of App	olicant				
I hereby certify that					
declaration conscieunder oath, and by				of the same force a	and effect as if made
•					
I agree to comply w	ith all the City of F	Prince Albert's Byl	aws.		
				_	
Signature of Owner or Authorized Agent:				_ Date:	
Applications can be Development Serv					lanning &
Freedom of Information an not be shared or used for a	d Protection of Privacy A ny other purpose withou entral Avenue, Prince Al	Act (LAFOIP) and will on t your express consent p	ly be used for the purpos oursuant to <i>LAFOIP</i> and t	se for which it was collect he City of Prince Albert's	nce with <i>The Local Authority</i> ted. Personal information will spolicies. Please contact The sabout the access, use, and
Council Resolution:		Council Meeti	ng Date:		
Amount Paid:	Date	Paid:		Receipt No.	

