



CITY OF PORT ALBERNI APPLICATION for a SIGN PERMIT

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

APPLICATION MUST BE FULLY COMPLETED

SUPPORTING INFORMATION: The following **must be submitted** with your Application and payment of application fees:

1. **Copy of Land Title** (Must be recent within last 30 days)
2. **2 sets** of detailed Sign Plans (**Metric Units**) showing the following:
 - a. Sign copy (including colours, copy area and dimensions of the sign;
 - b. The proposed height and clearance of the sign;
 - c. Dimensions of the wall surface of the building to which the sign will be attached;
 - d. Structural and footing details and material specifications for the proposed sign.
3. **2 copies** of a detailed Site Survey/Site Plan (to **Metric Scale**) showing the following:
 - a. The proposed location of the sign in relation to the property boundaries and any buildings on the property;
 - b. Dimensions and locations of all existing signs and buildings on the property.
4. Any additional information as required by the Bylaw.
5. **ALL Registered owners mailing addresses and signatures.**
6. Agent Declaration (if the Applicant is **not** the owner).
7. **Attach a list of all mailing addresses for each rented/ leased unit** located on the property.

REGISTERED OWNER INFORMATION: (List names of ALL registered owners of the subject property along with full mailing addresses and phone numbers. Attach a separate sheet if required)		
Registered Owner Name (Please print)	Phone:	Email:
Mailing Address:		
Postal Code:		
<input checked="" type="checkbox"/> Signature of Registered Owner _____	_____ Property Owner (Print Name)	_____ Date (mm/dd/yy)
Additional Registered Owner/s Name (Please print):	Phone:	Email:
Mailing Address:		
Postal Code:		
<input checked="" type="checkbox"/> Signature of Additional Registered Owner _____	_____ Property Owner (Print Name)	_____ Date (mm/dd/yy)

APPLICANT INFORMATION: *(complete only if the applicant is NOT the property owner)*

Applicant Name (Please print):

Phone:

Email:

Mailing Address:

Postal Code:

APPLICANT INFORMATION - Continued

AGENT/APPLICANT and OWNER DECLARATION:

I, (print full name of **applicant**): _____
solemnly declare that I am the authorized agent of the registered owner/s of the subject property as described in this application.

It is understood that until the City of Port Alberni is advised in writing that I am no longer acting on behalf of the undersigned registered owner, the City shall deal exclusively with me with respect to all matters pertaining to the proposed Zoning Bylaw Amendment application.

I hereby declare that the foregoing information is true and proper and I make this declaration knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

X

Signature of **Applicant**

Date (mm/dd/yy)

X

Signature of **Registered Owner** (if not the Applicant)

Property Owner (Print Name)

Date (mm/dd/yy)

X

Signature of Additional **Registered Owner**

Property Owner (Print Name)

Date (mm/dd/yy)

SUBJECT PROPERTY INFORMATION:

Civic Address of the Property (as verified by the City of Port Alberni (Please print)

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Folio Number: of the Property as shown on Land Title or Tax Assessment Notice:.....

Legal Description of the Property as shown on Land Title or Tax Assessment Notice (Please print):

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.....

PID Number: of the Property as shown on Land Title or Tax Assessment Notice:

LAND DESIGNATIONS:		
Is the Property in a Development Permit Area? (Yes or No?)	Current Zoning Designation:	
If yes which Development Permit Area is it in?		
SIGN MANUFACTURER:		
Manufacturer's/ Company Name (Please print):		Phone:
Business License Number:	Email:	
Address (Please print):		Postal Code:
SIGN DETAILS:		
Type of Sign (as per this Bylaw):	Sign Area (m ²):	
Background Area (m ²):	Dimensions (m ²):	
Overall Height (m):	Clearance from Grade (m):	
Estimated Value:		
OFFICE USE ONLY:		
Permit Number:	Permit Fee:	Date of Issue: Date (mm/dd/yyyy)