BUILDING CODE SERVICES
Sign Minor Variance Application
(Form 1)

SITE INFORMATION

Municipal Address: _____

Lot Dimensions: Frontage: _____ m/ft Depth: _____ m/ft

Lot Type: Interior ☐ Corner ☐

Zoning: _____

Use of Land and Occupancies of Building: _____

Place Date Stamp Here

Applicant/Agent	**Company Name**		
	Contact Name	**E-mail Address**	
	Address		**Postal Code**
	Phone No.	**Cell No.**	**Fax No.**
Property Owner ☐ same as Applicant	**Name**	**E-mail Address**	
	Address		**Postal Code**
	Phone No.	**Cell No.**	**Fax No.**
Tenant ☐ same as Applicant ☐ same as Owner	**Name**	**E-mail Address**	
	Address		**Postal Code**
	Phone No.	**Cell No.**	**Fax No.**
Contractor ☐ same as Applicant	**Name**	**E-mail Address**	
	Address		**Postal Code**
	Phone No.	**Cell No.**	**Fax No.**
Sign Owner ☐ same as Applicant ☐ same as Tenant ☐ same as Property Owner	**Name**	**E-mail Address**	
	Address		**Postal Code**
	Phone No.	**Cell No.**	**Fax No.**

Declaration of Applicant

I, _____ certify that:
(print name)

1. The information contained in this application and the attached documents is true to the best of my knowledge.
2. The property owner is aware of this application and supports it.
3. I have authority to bind the corporation or partnership (if applicable)

_____ (Signature of Applicant) _____ (Date)

Personal information on this form is collected under the authority of the Permanent Signs on Private Property By-law and the Municipal Act and will be used in the processing of your Sign Minor Variance application.

For Office Use Only

Application Number: _____ **Application Date:** _____

Application Fee: _____