



BYLAW DIVISION

Simcoe Office

8 Schellburg Ave., Simcoe, ON, N3Y 2J4

Langton Office

22 Albert St., Langton, ON, N0P

SCHEDULE "A" TO BY-LAW 2009-66 SIGN PERMIT APPLICATION FORM

PROPERTY OWNER INFORMATION		
Owner's Name :		
Business Address::		
Phone:	Fax:	Email:
Street Address:		
Town/City:	Province:	Postal Code:

APPLICANT/CONTRACTOR INFORMATION		
Company Name:		Contact Name:
Company Address:		
Phone:	Fax:	Email:
Street Address:		
Town/City:	Province:	Postal Code:

SIGN INFORMATION - LOCATION OF SIGN		
Street Name & Number:		
Town/City:	Province:	Postal Code:

SIGN DESCRIPTION:	
Sign Type: <i>Animated, Banner, Billboard, Facia, Ground, Inflatable, Mural, Pole, Portable, Projecting,</i>	
Sign Type:	
Number of Signs:	Applicable Fee:
Time Period (For Signs Requiring Time Limit):	
Installation Date:	Removal Date:

FOR OFFIC USE ONLY

SITE PLAN APPROVAL (if applicable)	
Date:	Approving Planner:

SIGN PERMIT APPROVAL	
Date:	Approving Officer: