



The Corporation of the Town of Bracebridge

Planning and Development Department
1000 Taylor Court, Bracebridge, ON P1L 1R6
Ph. 705 645 5264, x3545 Fax 705 645 4209

SIGN PERMIT APPLICATION

The undersigned hereby applies to the Planning and Development Department, of the Town of Bracebridge for a Sign Permit pursuant to Sign By-law 2012-009, as amended.

OFFICE USE ONLY

Date Received: \_\_\_\_\_ Roll File Number: \_\_\_\_\_
Date of Issuance: \_\_\_\_\_ Permit Number: \_\_\_\_\_
Date Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_
Authorized By: \_\_\_\_\_

1. Name of Owner: \_\_\_\_\_ Telephone No.: \_\_\_\_\_
Address: \_\_\_\_\_
Postal Code: \_\_\_\_\_
Email Address: \_\_\_\_\_

2. Name of Agent: \_\_\_\_\_ Telephone No.: \_\_\_\_\_
Address: \_\_\_\_\_
Postal Code \_\_\_\_\_
Email Address: \_\_\_\_\_

- 3. Sign/Event Location:
(a) Address: \_\_\_\_\_
(b) Name of Business: \_\_\_\_\_
(c) When making application please provide a plot plan showing the location and setbacks.
(d) Provide two (2) complete sets of coloured, structural drawings to scale, of the sign and a plot plan with setbacks. A Fee will be charged for photocopies.
(e) Applications for ground signs require size and height dimensions to determine the setback requirements.
(f) Some signs may require an additional building permit.
(g) Event Signs will require a map indicating location of signs. Without a map, the permit will not be issued.

4. Permit Fee: (To Be Calculated By Town Staff) \_\_\_\_\_

TYPE OF SIGN:

Billboard: [ ] Ground: [ ] Mobile Portable: [ ] Portable (A-Frame): [ ] Wall: [ ]
Event Sign: [ ] \_\_\_\_\_ Date of Event: \_\_\_\_\_

SIGN AREA: All Faces: (Sq. M. /Sq Ft.): \_\_\_\_\_

CONDITIONS OF ISSUANCE OF PERMIT:

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Personal information contained on this form is collected under the authority of the Planning Act R.S.O., 1990, Chapter c.P.13, as amended, and pursuant to the Municipal Freedom of Information and Protection of Privacy Act, M.56, R.S.O. 1990 and will be used for the sole purpose that it has been collected.

Questions about this collection under the authority of the Planning Act should be directed to the Planning and Development Department, 1000 Taylor Court, Bracebridge, Ontario, P1L 1R6, Telephone 705-645-6319, Ext. 236 or the collection under MFIPPA should be directed to the Director of Corporate Services/Clerk, Town of Bracebridge, 1000 Taylor Court, Bracebridge, ON P1L 1R6 705-645-645-6319 Ext. 243.

I, \_\_\_\_\_ of the \_\_\_\_\_ in the \_\_\_\_\_  
(Name) (City/Town) (District/Region/County)

do hereby confirm that I am aware of, and accept the conditions set out with respect to this issuance of this permit and agree to the terms of this permit and of Sign By-law 2012-009 of the Town of Bracebridge.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent (if applicable)

\_\_\_\_\_  
Date