SCHEDULE "A" to By-Law 2008-15 Application for Sign Permit

Applicant Name:	
Business Name:	
Business Address:	
Sign Location:(If different from business address)	
Telephone:	Fax Number:
Email:	
Type of Sign Requested: ☐ Permanent ☐ Home Occupation	☐ Storefront ☐ Temporary
If the sign is of a temporary nature, please indic 2 months or less 6 months or less 1 year or less	eate the length of time that the sign is required:
Dimensions of Sign: Height:	Width: Illuminated: □
Plot / Site Plan Included: Dra	awing or Photo Included: 🚨
Approvals: County of Simcoe: □ MTO: □	Other:
Conditions of Approval:	
Signature of Applicant:	
Date:	
Property Owner:	
Print Name	Signature
Property Owner's Mailing Address:	
For Office Use Only:	
	Expiry Date:
	:
	Paid:
Permit Number:	