

THE CORPORATION OF THE TOWNSHIP OF SEGUIN

APPLICATION FOR SIGN PERMIT

This Section For Office Use Only	
Date Application Received _____	
Receipt No. _____	Property Roll No. _____
Civic Address _____	
Date Approved _____	Sign Permit No. _____

1. NAME OF OWNER _____

Address _____

Contact:

(Home) _____ (Office) _____

Fax No. _____ Email _____

2. LOCATION OF LAND

Geographic or Former Township _____ Lot ____ Concession _____

Registered Plan _____ Lot No. _____

Reference Plan _____ Part No. _____

Civic Address & Road _____

3. TYPE OF SIGN (*check one*)

Field Advertising Sign _____ Ground Sign _____ Wall Sign _____

Temporary Sign _____ Other (*describe*) _____

4. SIGN DESCRIPTION *(please use metric measurements)*

Width _____ Height _____ Surface Area _____

Type of Support _____

Setback From Road _____ Setback From Lot Line _____

Plot Plan Attached _____ Sign Design Attached _____

Plot Plan Requirements:

- Drawn to scale, in metric.
- Illustrating the boundaries and dimensions (frontage, depth and area) of the subject land.
- The location of all existing buildings, structures and signs on the subject land, indicating the distance of all buildings, structures and signs from the lot lines.
- The location of the proposed sign.
- The location and name of any roads within or abutting the subject land.
- The location and nature of any easement affecting the subject land.
- North arrow and scale.

5. FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

Personal information contained in this form, collected and maintained pursuant to subsection 10 of The Municipal Act, 2001, S.O. 2001 c.25, as amended, will be used for the purpose of responding to the initial Application for Registration and for the purpose of creating a record for viewing by the public and/or distribution (on request) to the public as per Section 14 (1) (c) of the Municipal Freedom of Information and Protection of Privacy Act R.S.O 1990, c. M. 56, as amended. Please be advised that this application shall be considered a public document.

The person(s) signing this Application consent to the disclosure of any information contained herein, and all supporting material, including any personal information respecting such person(s).

Questions regarding the collection of this data should be directed to the Clerk, or designate, at the Township of Seguin (705) 732-4300.

Signature of Owner

Date

**Please submit this application to:
Township of Seguin, 5 Humphrey Dr., RR#2, Parry Sound, ON P2A 2W8**

**Questions, please call:
(705) 732-4300 Toll Free: 1-877-4SEGUIN (1-877-473-4846)**