

Application for Sign Permit Corporation of the Town of Smiths Falls 77 Beckwith Street N., Smiths Falls ON 613-283-4124

Ownership Information: Property Location:	Phone (Home):
Owner Name:	Phone (Cell):
Mailing Address:	Email:
Property Roll Number:	
Applicant Information: Note: Should the applicant information differ from Authorization" section, located on page 2, is required. Relation to Business: Applicant Name: Mailing Address:	•
Designer Information: Company Name: Mailing Address: Sign Classification: Check all that apply Temporary Sign Awning Sign Fascia Sign Projecting Sign	Phone: Email: Canopy Sign Banner Sign Window Sign Ground Sign
Sign Illumination: Check all that apply ☐ N/A ☐ Interior ☐ Exterior	☐Colour Variations ☐ Flashing/Movement
Proposed Sign Specifications: Width of Sign:	Elevation and/or Site Plan Drawings attached Zone:
Distance from Grade:	Height of Sign:
Property Road Frontage:	Construction Material:
Number of Existing Signs:	Width of Building:
Type(s) of Existing Sign(s):	
	Approved By:

Req	uired Documentation/Information Completed and Attached:
	Site Sketch (Sign locations must be indicated)
	Elevation Drawings
	Installation and Structural Specifications
	Hold Harmless Agreement (page 2)
	Proof of Insurance
Dec	elaration:
The i) ii) iii)	All of the above statements and the information contained in this application and all of the additional information transmitted herewith are true, and I/we make this solemn declaration conscientiously believing it to be true; I understand that the issuance of a sign permit shall not be deemed a waiver of the provisions of any By-law or other regulation; I acknowledge that in the event a permit is issued, any departure from plans or other materials filed in support of this application, specifications or locations proposed in this application is prohibited and such could result in the sign permit being revoked, there shall be no right to claim whatsoever against the Town of any official thereof and any such claim is hereby expressly waived.
	cant Name (Please Print): cant Signature: Date:
Hol	d Harmless Agreement:
Falls losse what inclu omis office respe	undersigned shall defend, indemnify and save harmless the Corporation of the Town of Smiths, their elected officials, officers, and employees from and against any and all claims, actions, es, expenses, fines, costs (including legal costs), interest or damages of every nature and kind soever, including but not limited to bodily injury or damage to or destruction of tangible property ding loss of revenue arising out of or allegedly attributable to the negligence acts, errors, sions, whether willful or otherwise by, their ers, members, employees, contractors, or other who the is legally onsible. This indemnity shall be in addition to and not in lieu of any insurance to be provided by the er in accordance with this agreement and shall survive this agreement.
Own Sign	er or Authorized Person Name (Please Print): Date:
	ner's Authorization:
I/We this a this a	,, am/are the owner(s) of the land that is subject of application for sign permit and I/We authorized to make application and act on my/our behalf.
Own	er Signature: Date: