



Schedule "B" to By-law No. 6018-94 & 7060-95

Application for a PERMANENT Sign Permit

Corporation of the Town of Smiths Falls

P.O. Box 695, 77 Beckwith St. N., Smiths Falls, Ontario

Phone: 1-613-283-4124, Fax 1-613-283-0558

Location: _____ Business Name: _____

Applicant: _____ E-Mail: _____ Ph: _____

Bus. Owner: _____ E-Mail: _____ Ph: _____

Designer: _____ E-Mail: _____ Ph: _____

Bus. Owner: _____ E-Mail: _____ Ph: _____

Prop. Owner: _____ E-Mail: _____ Ph: _____

Type of Sign (Check all that apply): Single Face Double Face Fascia Projecting
 Ground Pylon Free Standing Electronic Message Display Awning Marquee
 Interior Illuminated Exterior Illuminated Flashing

Type of Illumination _____ Ontario Hydro Approved (supply copy)

Location of Sign _____ Zone _____

Size of Sign _____ Height of Sign Above Ground _____

Width of Building Face _____ Height of Building Face _____

Width of Property _____ Depth of Property _____

Type of Existing Signs _____ Number of Existing Signs _____

A copy of plans for the proposed signage complete with a) Photo or artist rendition b) Location on building c) Construction design d) Type of Connectors e) Manufacturer's installation instructions f) Ballast (where required) g) Professional Engineers design may be required – must be submitted with this application. All relevant information should be provided in order to assist the Chief Building Official in their decision. Failure to provide required information will result in a delay of the application.

I, the undersigned _____, am the owner/authorized agent for the owner named in the above application and I certify the truth of all statements made herein. I understand that the issuance of a permit shall not be deemed a waiver of the provisions of any by-law or other regulations, notwithstanding anything included in or omitted from the plans or other material filed in support of this application. I, acknowledge that in the event that a permit is issued, any departure from the plans, specifications, or locations proposed in the application is prohibited and such could result in the permit being revoked. I further acknowledge that in the event the permit is revoked for any cause or irregularity or nonconformity with the by-laws or regulations, there shall be no right of claim whatsoever against the municipal corporation or any official therefor and such claim is expressly waived.

Signature Owner/Authorized Agent _____ Date: _____

Conditions: _____

Sent to APS/ED on _____ OK NO Sent to COW on _____ - approved OK NO
 Denied Approved FEE - \$ _____ CBO or Designate _____ Date: _____

Hold Harmless Agreement

THE UNDERSIGNED hereby agree and save harmless the Corporation of the Town of Smiths Falls, its officers, employees and officials from all claims or cause of action against the Corporation of the Town of Smiths Falls because of injury of damage to property of others arising from the placement of a sign or other property of the undersigned and placed on, into or above property on premises of the Town of Smiths Falls.

Owner or Authorized Person:

Witness:

Title/Position: _____

Title/Position: _____

Address: _____

Address: _____

Date: _____

Date: _____

(Signature)

(Signature)

If a corporation, affix Corporation seal.

Insurance Certification

THE UNDERSIGNED hereby certifies that insurance coverage is in full force and effect for the above names with the (Insurance Company) _____, under policy number _____ with liability limits not less than \$1,000,000.00 and covering all business premises and operations. Further, that the Town will give fifteen (15) days notice of cancellation or non-renewal of this policy of insurance and further, that this policy acknowledges the above agreement.

Signed by: _____

Date: _____

(authorized insurance representative)

(Print Name Clearly)

Personal Information contained on this form is collected under the authority of the Municipal Act and the Corporation's By-Law Number 6018-94 and by-law number 7060-94 and will be used to determine eligibility for the application license. Questions about this collection should be directed to the:

Clerk, Town of Smiths Falls
77 Beckwith Street, North
Smiths Falls, Ont. K7A 4T6