



**SIGN PERMIT APPLICATION**

THIS IS NOT A SIGN OR BUILDING PERMIT

**SECTION A: PROPOSED SIGN INFORMATION**

<b>SITE INFO.</b>	Civic Address	Legal Land Description (optional)		
		Lot	Block	Plan No.

<b>SIGN INFORMATION</b>	<b>WORK CLASS</b>			
	<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> RELOCATION	<input type="checkbox"/> RENOVATE	<input type="checkbox"/> REPLACE
	DATE OF INSTALLATION:		DATE OF REMOVAL:	
	<b>SIGN TYPE</b>			
	<input type="checkbox"/> AWNING & CANOPY	<input type="checkbox"/> ELECTRONIC MESSAGE SIGN	<input checked="" type="checkbox"/> FASCIA (WALL)	<input type="checkbox"/> PROJECTING
	<input type="checkbox"/> DIRECTIONAL	<input type="checkbox"/> ELECTRONIC MESSAGE CENTRE	<input type="checkbox"/> FREE STANDING	<input type="checkbox"/> STATIC DIGITAL
	<input type="checkbox"/> OTHER:			
	<b>SIGN CHARACTERISTICS</b> (check all that apply)			
	<input checked="" type="checkbox"/> ELECTRIFIED	<input type="checkbox"/> ROTATING	<input checked="" type="checkbox"/> LETTERING	
	<input type="checkbox"/> NON-ELECTRIFIED	<input type="checkbox"/> AWNING (flexible material)	<input type="checkbox"/> ANIMATED	
	<input type="checkbox"/> INDIRECT ILLUMINATION	<input type="checkbox"/> PROJECTING	<input type="checkbox"/> OVERHANGING PUBLIC PROPERTY	
	<input checked="" type="checkbox"/> INTERNAL ILLUMINATION	<input type="checkbox"/> ELECTRONIC MESSAGE	<input type="checkbox"/> OTHER:	
	<b>SIGN DIMENSIONS</b> (Complete all that apply)			
	Number of Faces:		Copy Area:	
	Horizontal Length of Sign:		Weight of Sign:	
	Vertical Length of Sign:		Top of Sign Height from Grade:	
	Thickness of Sign:		Top of Sign Height from Roof:	
	Single Sign Face Area:		Sign Clearance from Grade:	
Total Sign Face Area:		Sign Clearance from Roof:		
Overhanging Public Property By:				
<b>COPY</b>				
SIGN MESSAGE:				
<b>OTHER INFORMATION</b> (optional)				

**NOTE: Portable signs must be registered through the Portable Sign Registration Form.**



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### SECTION B: CONTACT INFORMATION

<b>APPLICANT</b>	Contact Name			Company Name (if applicable)		
	Address			City	Province	Postal Code
	Phone Number(s)			E-mail Address		
	Main	Other	Fax			
<b>OWNER/ TENANT</b>	Owner Name or Same as Applicant <input type="checkbox"/>			Company Name (if applicable)		
	Address			City	Province	Postal Code
	Phone Number(s)			E-mail Address		
	Main	Other	Fax			
<b>INSTALLER</b>	Contractor Name or Same as Applicant <input type="checkbox"/>			Company Name (if applicable)		
	Address			City	Province	Postal Code
	Phone Number(s)			E-mail Address		
	Main					

### SECTION C: APPLICATION CHECKLIST

Checklist	Submitted
<b>Detailed Site Plan:</b> <ul style="list-style-type: none"> <li>Drawn to scale depicting the location of the proposed sign(s) in relation to property lines, existing buildings, existing signs, and other structures.</li> </ul>	
<b>Detailed Drawing of Sign</b> <ul style="list-style-type: none"> <li>Depicting the dimensions, sign face area, construction materials, colours, lettering size, copy, graphics or images, type of illumination and animations, orientation, and mounting or rection details.</li> <li>Where applicable; Structural, Mechanical &amp; Electrical Drawings (all signed &amp; sealed).</li> </ul>	
<b>All Others Requested by City of Humboldt</b>	
<b>Signed Ground Renal Agreement(s)</b> (if required):	
<b>Letter of Authorization from Property Owner</b> (if applicable):	
<b>Application Fee (\$40)</b>	

### SECTION D: DECLARATION OF THE APPLICANT

I \_\_\_\_\_ DO HEREBY DECLARE:  
that the above statements contained within this application and attached drawings are true and correct. I agree that the issuance of a Sign Permit does not relieve the owner or the applicant from complying with all of the City of Humboldt Bylaws and/or Provincial and Federal acts & regulations and that it is my responsibility to ensure compliance with such legislation regardless of any review or inspections that may or may not be carried out by the City of Humboldt or its authorized representatives. If required, I agree that no construction shall commence without a building permit.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature