



Office Location: 5204 – 50 Ave.  
Camrose, AB T4V 0S8  
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### THE CITY OF CAMROSE APPLICATION FOR A SIGN PERMIT

Date	_____
Permit #	_____
Permit Fee	_____
G.L. Code	<u>1.1.6100/0338</u>
Receipt #	_____
Roll #	_____
Zone Code	_____

**APPLICANT INFORMATION:**  Sign Company/Installer  Advertised Business  Property Owner

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**PROPERTY OWNER (if different from Applicant):**  Same as Applicant

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

#### SIGN LOCATION

Sign Location: \_\_\_\_\_  
Legal Land Description: Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_  
Insurance Carrier (**Liability Coverage must include signs**): \_\_\_\_\_

#### TYPE OF SIGN (PLEASE CHECK APPROPRIATE CATEGORIES AND INDICATE DURATION)

- |  |  |
|--|--|
| <input type="checkbox"/> BILLBOARD             | <b>DURATION</b>                                  |
| <input type="checkbox"/> FREESTANDING/PILLAR   | <input type="checkbox"/> ANNUAL                  |
| <input type="checkbox"/> PROJECTING/BLADE      | <input type="checkbox"/> PERMANENT               |
| <input type="checkbox"/> WALL/FASCIA           | <input type="checkbox"/> TEMPORARY               |
| <input type="checkbox"/> FREESTANDING PORTABLE | DATES: _____                                     |
| <input type="checkbox"/> OVERHANGING/AWNING    |  |
| <input type="checkbox"/> ROOF                  | <input type="checkbox"/> NFP SANDWICH BOARD SIGN |

#### SIGN DETAILS **Attach a Sign Photo/Sketch (Showing Construction Finish, Method of Support and Animation)**

Sign Dimensions: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Total Height Above Grade: \_\_\_\_\_

#### SITE SPECIFIC LOCATION **Attach a Site Plan (Showing Distance to Property Lines, Existing Signs and Structures)**

Property Dimensions: Length: Side yard A \_\_\_\_\_ Side yard B \_\_\_\_\_ Width: Front yard \_\_\_\_\_ Rear yard \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

#### FOR OFFICE USE ONLY

Approved/Approved Subject to the Following Conditions: \_\_\_\_\_  
Refused for the Following Reasons: \_\_\_\_\_  
Rejected for Lack of the Following Information: \_\_\_\_\_

\_\_\_\_\_  
**Development Officer**

\_\_\_\_\_  
**Date**

THIS PERMIT IS GRANTED FOR THE SIGN IN THE ABOVE LOCATION ONLY. A CHANGE IN ITS POSITION NECESSITATES A NEW PERMIT. FAILURE ON THE PART OF THE OWNER TO KEEP THE SIGN SECURELY ATTACHED TO THE BUILDING OR THE FAILURE TO PAY THE ANNUAL LIABILITY PREMIUMS MAY REQUIRE CANCELLATION OF THE PERMIT AND THE REMOVAL OF THE SIGN. THE INFORMATION THAT IS BEING COLLECTED ON THIS FORM IS AUTHORIZED UNDER SECTION 33(C) OF THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, AND AS SUCH, IS PROTECTED BY THE PROVISIONS OF THIS ACT. IF YOU HAVE ANY QUESTIONS, CONTACT THE FOIP COORDINATOR AT (780) 672-4428.

**TO BE COMPLETED BY PLANNING AND DEVELOPMENT STAFF**

**SIGN PERMIT CHECKLIST:**

**Permit Fee**

**Owner Authorization (if applicable)**

**Sign Photo/Copy Face that includes:**

- Sign Structure Dimensions:
  - Length
  - Width
  - Total Height Above Grade
- If Wall/Fascia Sign:
  - Length and Height of Building Side Sign will be located
- Construction Finish
- Method of Support
- Animation (if applicable)

**Site Plan that includes:**

- Lot Dimensions:
  - Side yard A
  - Side yard B
  - Width
  - Front yard
  - Rear yard
- Existing Sign and Structures
- Sign Location on Property

Reference the following sections for sign permits:

- **12.0 – Sign Regulations (page 95)**