

# Application for a Sign Permit

This form is authorized under subsection 8(1.1) of the Building Code Act.

For Use by Principal Authority		
Date Application Received:	Permit Number:	
Date Application Complete:	Roll Number:	
Permit Fee: \$	Deposit: \$	
Application submitted to: <b>Municipality of Central Huron</b> <small>(Name of municipality, upper-tier municipality, board of health or conservation authority)</small>		
A. Project Information		
Building Number, Street Name	Lot	Conc.
Town/City	Plan Number/Other Description	
Project Value Est. \$	Area of Work (m <sup>2</sup> )	
B. Purpose of Application – Sign Type		
<input type="checkbox"/> Awning Sign	<input type="checkbox"/> Banner Sign	<input type="checkbox"/> Pole Sign
<input type="checkbox"/> Canopy Sign	<input type="checkbox"/> Fascia Sign	<input type="checkbox"/> Roof Sign
<input type="checkbox"/> Ground Sign	<input type="checkbox"/> Mural Sign	<input type="checkbox"/> Portable Sign
<input type="checkbox"/> Projecting Sign	<input type="checkbox"/> Bill Board Sign – Wall mount	
<input type="checkbox"/> Bill Board Sign – Freestanding		
<input type="checkbox"/> Illumination: None	<input type="checkbox"/> Animation: None	
<input type="checkbox"/> Illumination: Internal	<input type="checkbox"/> Animation: Revolving	
<input type="checkbox"/> Illumination: External	<input type="checkbox"/> Animation: Oscillating	
Comments:		
C. Applicant		
Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner		
Last Name	First Name	Corporation or Partnership
Street /Mailing Address		Town/City
Province	Postal Code	E-mail
Telephone Number (    )	Fax (    )	Cell Number (    )
D. Owner (if different from applicant)		
Last Name	First Name	Corporation or Partnership
Street /Mailing Address		Town/City
Province	Postal Code	E-mail
Telephone Number (    )	Fax (    )	Cell Number (    )

<b>E. Builder (optional)</b>		
Last Name	First Name	Corporation or Partnership (if applicable)
Street /Mailing Address		Town/City
Province	Postal Code	E-mail
Telephone Number (     )	Fax (     )	Cell Number (     )
<b>F. Sign Details</b>		
Dimensions	Area	Elevation (ground to sign top)
Weight	Wall Area (if applicable)	Height (ground to sign bottom)
<b>G. Support Materials</b>		
Base: Posts: Guy Wires: Through Bolt:		
<b>H. Required Schedules</b>		
i. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.		
<b>I. Completeness and Compliance with Applicable Law</b>		
i. This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all requires schedules are submitted). Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the Building Code Act, 1992, to be paid when the application is made.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the Building Code Act, 1992.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the Building Code Act, 1992 which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv. The proposed building, construction or demolition will not contravene any applicable law.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>J. Declaration of Applicant</b>		
I _____ declare that: (Print Name)		
1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. 2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.		
_____	_____	
Date	Signature of Applicant	

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666 – if applicable.

# Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

<b>A. Project Information</b>		
Building Number, Street Name	Lot Number	Conc.
Town/City	Plan Number/ Other Description	
<b>B. Individual Who Reviews and Takes Responsibility for Design Activities</b>		
Name		Firm
Street /Mailing Address		Town/City
Province	Postal Code	E-mail
Telephone Number (    )	Fax Number (    )	Cell Number (    )
<b>C. Design Activities Undertaken by Individual Identified in Section B [Building Code Table 3.5.2.1. of Division C]</b>		
<input type="checkbox"/> House <input type="checkbox"/> HVAC – House <input type="checkbox"/> Building Structural <input type="checkbox"/> Small Buildings <input type="checkbox"/> Building Services <input type="checkbox"/> Plumbing – House <input type="checkbox"/> Large Buildings <input type="checkbox"/> Detection, Lighting and Power <input type="checkbox"/> Plumbing – All Buildings <input type="checkbox"/> Complex Buildings <input type="checkbox"/> Fire Protection <input type="checkbox"/> On-site Sewage Systems		
Description of designer's work		
<b>D. Declaration of Designer</b>		
I _____ declare that (choose one as appropriate): <div style="text-align: center;">(Print Name)</div> <input type="checkbox"/> I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4. of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories. Individual BCIN: _____ Firm BCIN:        _____  <input type="checkbox"/> I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5. of Division C, of the Building Code. Individual BCIN: _____ Basis for exemption from registration: _____  <input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code. Basis for exemption from registration and qualification: _____		
I certify that: 1. The information contained in this schedule is true to the best of my knowledge. 2. I have submitted this application with the knowledge and consent of the firm.		
_____	_____	
Date	Signature of Designer	

**NOTE:**

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d) of Division C, Article 3.2.5.1. of Division C, and all other persons who are exempt from qualification under Subsections 3.2.4. and 3.2.5. of Division C.
2. Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of practice, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

**A. Setbacks and Zoning**

Setbacks			
Side Yard	Side Yard	Front Yard	Rear Yard

Zoning

**B. Please Provide Site Plan of the Property Illustrating the Following:**

- Lot size
- All existing buildings, their dimensions, and their proximity to lot lines
- Please indicate any overhead power lines
- Proposed building/construction, including dimensions, and the proximity to lot lines
- Location of Well (if applicable) and its proximity to buildings and lot lines
- Location of Septic (if applicable) and its proximity to buildings and lot lines

