

Permanent Sign Application

Applicant Information

BL No.

PS No.

Name of Applicant: _____

Mailing Address: _____
Unit # Street Name City Province Postal Code

Phone No: _____ Cell No: _____ Fax No: _____

Email: _____

Registered Owner (If different from above):

Name: _____ Phone Number: _____ Email: _____

Mailing Address: _____
Unit # Street Name City Province Postal Code

Sign Information:

Sign Location: _____
Unit # Street Name Lot Block Plan

Sign Height From Finished Grade	Sign Face	Side Yard Set Back	Front Yard Setback	Rear Yard Setback	Sign Type

*Sign face means the surface contained within the perimeter of the sign on which words, letters, symbols may be placed

Please ensure the following has been completed and submitted with application:

1. Application Fee: \$150
2. Detailed Drawing of Sign
3. Detailed Site Plan

Sign permits are issued within 10 to 15 working days from date of application if all required information is submitted.

Declaration of Applicant

I hereby certify that all the above statements contained within this application are true, and I make the solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of The Canadian Evidence Act.

I agree to comply with all the City of Prince Albert's Bylaws.

Signature of Owner or Authorized Agent: _____ Date: _____

The City of Prince Albert is committed to protecting your privacy. Personal information collected on this form is in accordance with *The Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP)* and will only be used for the purpose for which it was collected. Personal information will not be shared or used for any other purpose without your express consent pursuant to *LAFOIP* and the City of Prince Albert's policies. Please contact The City Clerk's Office, 1084 Central Avenue, Prince Albert SK, via email cityclerk@citypa.com or call 306-953-4305 for questions about the access, use, and disclosure of your personal information.

Council Resolution: _____ Council Meeting Date: _____

Amount Paid: _____ Date Paid: _____ Receipt No. _____

