



Planning & Building Department
 255 North Christina Street
 P.O. Box 3018 Sarnia, ON N7T 7N2
 Telephone: (519) 332-0330
 Fax (519) 332-0776

PORTABLE SIGN PERMIT APPLICATION

PERMIT FEE: \$

CITY OF SARNIA

**ALL REQUESTED INFORMATION MUST BE
PROVIDED TO PROCESS THIS APPLICATION**

START OF DISPLAY	Date:	END OF DISPLAY	Date:
LOCATION	Street No.	Street Name	
	Lot/Block	Plan/Con.	Reference Plan No. (if applicable)
PROPERTY OWNER	Name:-		
	Street No.	Street Name	Unit # Phone #
TENANT OR OCCUPANT FOR WHICH THE SIGN WILL BE DISPLAYED			Phone #
PORTABLE SIGN CONTRACTOR/SUPPLIER			
ADDRESS:-			
Postal Code		Phone #:	Fax #:

New Application **Yes** or **Renewal**
 If Renewal, Previous Application No. _____
If Yes, Please attach an appropriate plot plan. (see example attached)

Site Plan on Property? **Yes** **No**
 If Yes, Site Plan registration # _____

APPLICANT'S DECLARATION

I _____ of the City of _____
do hereby declare the following:

1. THAT I am _____ the property owner/tenant as stated above
 _____ the owner/tenant authorized agent
 _____ an officer/employee of _____ which is an authorized agent of the owner/tenant
2. THAT the statements made and the information provided herein are true and correct and are made and provided with the knowledge of the circumstances relating to this application.
3. THAT I know of no reason why a permit should not be granted to this application.

APPLICANT'S SIGNATURE	Date
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FOR OFFICE USE ONLY		
EXPIRY DATE:	REVIEWED BY:	
NO. OF PERMITS ISSUED THIS YEAR	NO. OF EXISTING SIGNS ON THE PROPERTY	
EXPIRY DATE OF LAST PERMIT ISSUED	ANY PREVIOUS VIOLATIONS	