

TEMPORARY
 PROJECTING

 MOBILE
 CANOPY

 FASCIA
 OTHER

 FREESTANDING

CONTACT INFORMATION

OWNER: _____	APPLICANT: _____
MAILING ADDRESS: _____	MAILING ADDRESS: _____
CITY / PROVINCE: _____	CITY / PROVINCE: _____
POSTAL CODE: _____	POSTAL CODE: _____
PHONE NO.: _____	PHONE NO.: _____
EMAIL: _____	EMAIL: _____

PROPERTY INFORMATION

 MUNICIPALITY: _____
 LEGAL DESCRIPTION: _____
 CIVIC ADDRESS: _____
 DESCRIPTION OF WORK(S): _____
 ILLUMINATION / LIGHTING:
(BACK LIGHTS / COLORS / FOOT CANDLES / ETC...) _____

PROPOSED SIGN INFORMATION

Height: _____ Square Footage: _____ Estimated Value: \$ _____

REQUIRED INFORMATION

Site Plan <input type="checkbox"/>	Engineer sealed drawings Maximum Hard Copy Size of 11" x 17" <input type="checkbox"/>
Status of Title <i>(current within 30 days of application)</i> <input type="checkbox"/>	<i>(will be required if sign is freestanding, awning, canopy or fascia depending on size and the seal is required to be current within 1 year of application)</i> <input type="checkbox"/>
Detailed Building Plans of the Sign Maximum Hard Copy Size of 11" x 17" <input type="checkbox"/>	Plan Review Fee payable by debit, cheque or cash <input type="checkbox"/>
<i>(diagram of logo or advertisement with all dimensions)</i>	<i>(Please refer to fee schedule)</i>

ADDITIONAL REQUIREMENTS

(Following application RRPD to advise if further approvals are required – not an exhaustive list)

Proof of Ownership <input type="checkbox"/>	Manitoba Infrastructure and Transportation Approval <input type="checkbox"/>
Developers Approval <input type="checkbox"/>	Letter of Authorization <input type="checkbox"/>
Geotechnical Report <input type="checkbox"/>	<i>(if leasing the property a letter will be required outlining permission to place proposed signage from the owner of said property)</i>

DECLARATION

The undersigned hereby applies for a permit in accordance with this application, all municipal by-laws and provincial regulations applicable thereto.

Applicant Name: _____

Applicant Signature: _____ Date: _____

OFFICE USE ONLY:

PLAN REVIEW RECEIPT NO.: _____	ROLL NO.: _____
DATE OF SUBMISSION: _____	ZONE: _____
RECEIVED BY: _____	_____