

Town of Lake Cowichan

Application for Sign Installation

Fee: _____
Permit No. _____



Mailing address: PO Box 860, Lake Cowichan BC V0R 2G0 Fax: 250-749-3900

Application for Directory Fascia Free Standing Other(specify) _____

APPLICANT INFORMATION		OWNER INFORMATION	
Name		Name	
Address		Address	
City		City	
Postal Code		Postal Code	
Phone		Phone	
Fax		Fax	
APPLICATION CHECKLIST			
<input type="checkbox"/> Site Plan (must be to scale)	<input type="checkbox"/> Sign information drawings containing dimensions, color(s) and wording		
<input type="checkbox"/> Current photograph of building	<input type="checkbox"/> Current State of Title Certificate or copy of lease agreement		
<input type="checkbox"/> Building elevation drawings to scale	<input type="checkbox"/> Payment for sign permit		
PROPERTY INFORMATION			
Civic address of property:			
Zoning of the Property:			
Description of the existing use/development:			
SIGN DETAILS			
Full description of the proposed sign construction, including materials, size, form, appearance, location and number (use separate sheet if necessary):			
Whether the proposed sign construction is in variation and/or supplementation to existing regulations as defined in the Town of Lake Cowichan Sign Bylaw No. 954-2014.			
Reason in support of application			

SIGNATURE

Where the applicant is not the REGISTERED OWNER, the application must also be signed by the REGISTERED OWNER

I declare that all the above information is, to the best of my knowledge, true and correct in all respects.

Applicant's Signature

Date

This application is made with my full knowledge and consent.

Property Owner Signature

Date

OFFICE USE ONLY

Planning Officer / Chief Administrative Officer

Date

Building Inspector Signature

Date

THIS PERMIT AUTHORIZING COMMENCEMENT OF WORK IS **ONLY** VALID WHEN SIGNED BY CAO AND BUILDING INSPECTOR.