



TOWN OF FORT MACLEOD
SIGN APPLICATION
DEVELOPMENT PERMIT

| FOR OFFICE USE ONLY |
|----------------------------------|
| Date Received: |
| Accepted By: |
| Date Deemed Complete: |
| Application No. (if applicable): |
| Roll No.: |
| Fee: |

Date of Application: _____

IMPORTANT NOTICE: This application **does not** permit you to install the sign until such time as a notice of decision has been issued by the Development Authority. If a decision has not been received within 40 days of the date of application and no extension agreement has been entered into, you have the right to deem the application refused and file an appeal to the Subdivision and Development Appeal Board.

APPLICANT INFORMATION

Name of Applicant: _____


Mailing Address: _____ Phone: _____

_____ Phone (alternate): _____

City: _____ Fax: _____

Postal Code: _____ Email: _____

Is the applicant the owner of the property? Yes No

 IF "NO" please complete box below

| | |
|------------------------|---------------------------------------|
| Name of Owner: _____ | Phone: _____ |
| Mailing Address: _____ | Applicant's interest in the property: |
| _____ | <input type="checkbox"/> Agent |
| City: _____ | <input type="checkbox"/> Contractor |
| Postal Code: _____ | <input type="checkbox"/> Tenant |
| | <input type="checkbox"/> Other _____ |

SIGN INFORMATION

TYPE OF WORK: New Permanent Sign Changes to Existing Sign Temporary Sign

Sign Location (Civic Address): _____

Are there any other signs at this location? Yes No

If yes, please state how many:

| | | |
|---|--|--|
| SIGN TYPE*: <input type="checkbox"/> Temporary <input type="checkbox"/> Canopy <input type="checkbox"/> Window <input type="checkbox"/> Freestanding <input type="checkbox"/> Fascia <input type="checkbox"/> Mural <input type="checkbox"/> Projecting <input type="checkbox"/> Other **Billboard signs and roof signs are not permitted in the Town | PROJECTION STYLE: <i>Mark any or all that apply</i> <input type="checkbox"/> Lettering / logo <input type="checkbox"/> Manual changeable lettering content <input type="checkbox"/> Electronic changeable lettering content <input type="checkbox"/> Animation <input type="checkbox"/> Movement / rotation | ILLUMINATION: <i>Mark any or all that apply</i> <input type="checkbox"/> No illumination <input type="checkbox"/> Direct illumination <input type="checkbox"/> Internal illumination <input type="checkbox"/> Flashing |
|---|--|--|

| | | | <i>Office Use</i> |
|-----------------------------------|--|--|-------------------|
| Length of Sign: | | <input type="checkbox"/> m ² <input type="checkbox"/> ft ² | |
| Height of Sign: | | <input type="checkbox"/> m ² <input type="checkbox"/> ft ² | |
| Sign Face Area (length x height): | | <input type="checkbox"/> m <input type="checkbox"/> ft | |
| Top of Sign Height: | | | |
| from Grade: | | <input type="checkbox"/> m <input type="checkbox"/> ft | |
| from Roof: | | <input type="checkbox"/> m <input type="checkbox"/> ft | |

If the sign is only for **temporary** use:

For how many days is the sign proposed to be displayed? _____ days

SITE PLAN

**Please attach a plan drawn to a suitable scale and photographs, if available, illustrating:

- Location of all existing and proposed sign(s) on the property
- Size, height, and other dimensions of the proposed sign(s), including any supporting structures
- Details of sign content (wording, lettering, graphics, colour and design scheme, materials, etc.)
- Location of the property boundaries of the parcel upon which the proposed sign(s) are to be located
- Setbacks from property lines of proposed sign(s) and existing building(s)

DECLARATION OF APPLICANT/AGENT

The information given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts in relation to the application for a Sign.

IMPORTANT: This personal information is being collected under the authority of the Town of Fort Macleod for development. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. For more information contact the Town of Fort Macleod FOIP Coordinator at 403-553-4425.

APPLICANT

Registered Owner (if not the same as applicant)



Development Application No. _____

Applicant: _____ Date: _____

Roll No. _____ Zoning: _____



SITE PLAN GRID

