



TOWNSHIP OF UXBRIDGE

51 TORONTO ST. S., P.O. BOX 190
 UXBRIDGE, ON L9P 1T1
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**Application for a Sign Permit
 Township of Uxbridge**

For use by Principal Authority	
Application Number:	Permit Number: (if different):
Date Received:	Roll Number:

A. Project information			
Building Number, Street Name:		Unit Number	Lot/Con.
Municipality	Postal Code	Plan No./Other Description:	
Type of Sign		Area of Sign (m ²)	
B. Applicant			
Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized Agent of Owner			
Last Name:	First Name:	Corporation or partnership	
Street Address:		Unit Number	Lot/Con.
Municipality	Postal Code	Province	Cell Number
Telephone number:	E-mail:		
C. Owner (if different from applicant)			
Last Name:	First Name:	Corporation or partnership	
Street Address:		Unit Number	Lot/Con.
Municipality	Postal Code	Province	Cell number
Telephone Number:	E-mail:		
D. Contractor (optional)			
Last Name:	First Name:	Corporation or partnership	
Street Address:		Unit number	Lot/Con.
Municipality	Postal Code	Province	Email:

E. Sign Description and Details (Please Attach Drawings)

F. Declaration of applicant

I _____ certify that:
(print name)

1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
2. The undersigned hereby applies for a permit in accordance with the application, plans, specifications and data sheets herewith submitted and acknowledges that the proposed work must comply with the provisions of the Township of Uxbridge Sign By-law as amended, and any other statutes or regulation of the Province of Ontario, and all by-laws of the Corporation of the Township of Uxbridge and the Regional Municipality of Durham, if being expressly understood that neither the issuance of a permit nor the carrying out of inspections by the Township shall relieve the applicant from full responsibility for compliance with all of the said statutes, regulations and by- laws.

Date

Signature of Applicant

Township of Uxbridge documents are available in alternate formats upon request. Please fill out the Accessibility Request for Alternate Formats Form at www.uxbridge.ca or contact the Accessibility Coordinator at 905-852-9181 ext. 209 or at accessibility@uxbridge.ca

NOTE: Personal information on this form is being collected under the authority of the Freedom of Information and Protection of Privacy Act R.S.O. 1990, c.F.31, s.39 (2) for the purposes of improving customer service. Questions about collection of personal information may be directed by mail to the attention of the Clerk, Township of Uxbridge, 51 Toronto Street South, Uxbridge, L9P 1T1.