Chatham-Kent
Cultivating Growth, Shore to Shore

Application for Permit to Construct and Erect Signs

Building Development Services
315 King St. West
P.O. Box 640 Chatham, ON N7M5K8
Tel: (519) 360-1998 Fax: (519) 436-3215

For use by Principal Authority			
Date received	Roll number	Permit number	Fee $

A. Project information

Building number, street name		Unit Number	Lot/con.
Municipality	Postal code	Project Value est. $	

B. Applicant   Applicant is: ☐ Owner   or   Authorized agent of owner

Last name	First name	Corporation or partnership (if applicable)		
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number	Fax number		Cell number	

C. Owner (if different from applicant)

Last name	First name	Corporation or partnership (if applicable)		
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number	Fax number		Cell number	

D. Installer (if applicable)

Last name	First name	Corporation or partnership (if applicable)		
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number	Fax number		Cell number	

E. Type of Sign

Pole	Fascia	Other (description):

F. Declaration of applicant

The undersigned agrees that the proposed work shall be done in accordance with this application and in accordance with plans and specifications on the basis of which a permit is issued and agrees to comply with all applicable provisions of the Sign By-Law as amended and the Zoning By-Law and related agreements with the municipality and applicable to the subject lands.

I (*please print*)_____certify that the statements herein contained in the said application attached plans and other documentation are true and made with a full knowledge of the circumstances connected with the same, and acknowledge that I have read the declaration and notice contained above.

_____   _____
Signature   Date