

Building Department Sign Permit Application

11 Hudson Street, Blind River, Ontario, P0R 1B0

Tel.: (705)356-2251 Fax.: (705)356-7343

For use by the Town of Blind River									
Permit Number:			Roll Numbe	Roll Number:					
Date Received:				57-38-	000-				
Application submitted to: The Corporation of the Town of Blind River									
A. Project Information									
Location/ Street Address									
Lot Number:		1	Subdivision:						
□ NEW □	ALTERATIO	ON ADDIT	ION	REP.	AIR	☐ REPLACE			
☐ PORTABLE [FASCIA	OVERI	HANGING	☐ POL	E/PYLON	☐ CUBE			
Other: Material of which Sign is Made	e:								
Height:			Size:						
Treight.									
Weight (lbs):			Estimated Valu	stimated Value of Work:					
Additional Information:									
B. Applicant/ Person in Charge Applicant is : □ Owner □ Authorized Agent of Owner									
Last name		First name		Corpor	ation or partnersh	nip			
Street address			Unit nu	ımber	L	ot/con			
Municipality	Posta	al Code	Province		E-m	ail			
Telephone number	,	Fax			Cell Number				

C. Owner (if different from	n applicant)					
Last name	First name	First name Co		orporation or partnership		
Street address	•	Unit number	r	Lot/con		
Municipality	Postal Code	Province	E	-mail		
Telephone number	Fax	Fax		Cell Number		
D. Contractor						
Last name	First name	First name Corpo		oration or partnership		
Street address	'	Unit number		Lot/con		
Municipality	Postal Code	Province	E	-mail		
Telephone number	Fax	Fax		Cell Number		
E. Declaration of Applican	t					
I (print name) 1. The information contained in other attached documentation is 2. If the owner is a corporation	n this applications true to the bes	t of my knowledge.	to bind the corpo	oration or partnership.		
Date			Signature o	f Applicant		
** Detailed drawings and plans of the application to be deemed con	_	g location and size m	nust accompany t	this application form for		
Union Gas	1-888-401-6791	Bell	1-800)-400-2255		
Electrical Safety Authority	1-866-785-0209	Cable (East Link)	1-800-667-2894 Ext.2264			

Blind River Public Works

1-705-356-2601

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