

Sign Permit Application

Permit, Licence and Inspection Services

1 Project Information

Date (mm/dd/yyyy)		Zoning	Folder No:	
Tenant / Business name				
Property address			Unit #	
Business licence number		<input type="checkbox"/> Current	<input type="checkbox"/> Expired	Phone
Property owner's name				
Address			City	Postal code
Phone	Email			
Applicant's name				
Address			City	Postal code
Phone	Email			
Contractor's name				
Address			City	Postal code
Phone	Email			
Business licence number		<input type="checkbox"/> Current	<input type="checkbox"/> Expired	Phone
Inspection notices are emailed. Please provide an email address to receive inspection notices:				
MyTownship Access Code (provide 4 – 6 digits)				

Access Code allows applicants to view permit status online at tol.ca/MyTownship

SEE NEXT 

2 Project Details

A completed checklist must be submitted with the application

Fascia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New or reface			
Wall length			
Sign area			
Sign value			
Free Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New or reface			
Total sign area			
Clearance under			
Maximum height			
Single or double sided			
Sign value			
Other Sign Types	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Total sign area			
Wall length			
Clearance under			
Maximum height			
Single or double sided			
Sign value			

Total construction value

A completed Sign Permit Checklist must be included with the sign permit application.

3 Signature

I hereby confirm that the information supplied in support of this application is true and correct.

Applicant/Owner/Agent's signature

Print name

Date (mm/dd/yyyy)

Phone

Company name

Any personal information collected on this form will be managed in accordance with the Freedom of Information and Protection of Privacy Act. Direct enquiries, questions, or concerns regarding the collection, use, disclosure, or safeguarding of personal information associated with this form to: Supervisor, Information, Privacy, and Records Management, Township of Langley, 20338 – 65 Avenue, Langley, BC V2Y 3J1 foi@tol.ca 604.532.7396

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