

Form A3: Sign Application

Pursuant to Land Use Bylaw No. 24-007

This supplementary form A3 must be completed in addition to Form A: Development Permit Application if you are applying for a development permit for a Sign. Refer to Bylaw No. 24-007 Part 6 for specific Sign Regulations and Standards of Development

Office Use
Permit Application No:
Roll No:

1. Applicant Information

Applicant's Name: _____ Mailing Address: _____
 Phone/Cell Phone: _____ Email: _____

2. Type(s) of Signs - Describe Existing and Proposed Signage

Sign 1	Sign 2	Sign 3	Sign 4	Sign 5
<input type="checkbox"/> Existing <input type="checkbox"/> New <input type="checkbox"/> Alteration	<input type="checkbox"/> Existing <input type="checkbox"/> New <input type="checkbox"/> Alteration	<input type="checkbox"/> Existing <input type="checkbox"/> New <input type="checkbox"/> Alteration	<input type="checkbox"/> Existing <input type="checkbox"/> New <input type="checkbox"/> Alteration	<input type="checkbox"/> Existing <input type="checkbox"/> New <input type="checkbox"/> Alteration
Sign Term				
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary Date Range: _____	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary Date Range: _____	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary Date Range: _____	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary Date Range: _____	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary Date Range: _____
Sign Type				
<input type="checkbox"/> Free Standing <input type="checkbox"/> Canopy/Projecting <input type="checkbox"/> Wall Mounted <input type="checkbox"/> Fascia <input type="checkbox"/> Portable <input type="checkbox"/> Roof Mounted <input type="checkbox"/> Shingle <input type="checkbox"/> Other: _____	<input type="checkbox"/> Free Standing <input type="checkbox"/> Canopy/Projecting <input type="checkbox"/> Wall Mounted <input type="checkbox"/> Fascia <input type="checkbox"/> Portable <input type="checkbox"/> Roof Mounted <input type="checkbox"/> Shingle <input type="checkbox"/> Other: _____	<input type="checkbox"/> Free Standing <input type="checkbox"/> Canopy/Projecting <input type="checkbox"/> Wall Mounted <input type="checkbox"/> Fascia <input type="checkbox"/> Portable <input type="checkbox"/> Roof Mounted <input type="checkbox"/> Shingle <input type="checkbox"/> Other: _____	<input type="checkbox"/> Free Standing <input type="checkbox"/> Canopy/Projecting <input type="checkbox"/> Wall Mounted <input type="checkbox"/> Fascia <input type="checkbox"/> Portable <input type="checkbox"/> Roof Mounted <input type="checkbox"/> Shingle <input type="checkbox"/> Other: _____	<input type="checkbox"/> Free Standing <input type="checkbox"/> Canopy/Projecting <input type="checkbox"/> Wall Mounted <input type="checkbox"/> Fascia <input type="checkbox"/> Portable <input type="checkbox"/> Roof Mounted <input type="checkbox"/> Shingle <input type="checkbox"/> Other: _____
Sign Height & Materials				
Bottom of Sign Height from Ground: _____	Bottom of Sign Height from Ground: _____	Bottom of Sign Height from Ground: _____	Bottom of Sign Height from Ground: _____	Bottom of Sign Height from Ground: _____
Top of Sign Height from Ground: _____	Top of Sign Height from Ground: _____	Top of Sign Height from Ground: _____	Top of Sign Height from Ground: _____	Top of Sign Height from Ground: _____
Sign Materials: _____	Sign Materials: _____	Sign Materials: _____	Sign Materials: _____	Sign Materials: _____
Will the sign be illuminated, animated, or contain changeable copy?				
<input type="checkbox"/> No <input type="checkbox"/> Yes (Describe): _____	<input type="checkbox"/> No <input type="checkbox"/> Yes (Describe): _____	<input type="checkbox"/> No <input type="checkbox"/> Yes (Describe): _____	<input type="checkbox"/> No <input type="checkbox"/> Yes (Describe): _____	<input type="checkbox"/> No <input type="checkbox"/> Yes (Describe): _____
I have identified this sign on my submitted site plan (required)				
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
For all new and altered signage, I have provided legible drawings, graphics, or illustrations (to scale with dimensions) and included the text/graphics to be shown on the signage (required)				
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A



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3. Declaration of Applicant

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. I also consent to an authorized person designated by the municipality to enter upon the subject land and buildings for the purpose of an inspection during the processing of this application.

Date: _____

Applicant's Signature: _____

Registered Owner's Signature: _____

(If different from applicant)

IMPORTANT: The personal information requested on this form is being collected under the authority of Section 4(c) of the Protection of Privacy Act (POPA). The information will be used for the purpose for which it was collected. For further information about the collection and use of this information please contact Lethbridge County by email atippcoordinator@lethcounty.ca or call 403-328-5525.