



**TOWN OF INNISFAIL**  
4943 – 53 STREET  
INNISFAIL, AB T4G 1A1  
Phone: 403.227.3376  
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**For Office Use Only**  
**FEES:**  
DEVELOPMENT (SIGN) PERMIT:  \$ 50.00   1-61-00-520

**Application #:** \_\_\_\_\_

**Land File #:** \_\_\_\_\_

## APPLICATION FOR SIGN PERMIT

I hereby make application under the provisions of the Land Use Bylaw for a development permit in accordance with the plans and/or supporting information submitted herewith and which form part of this application.

**Applicant:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Address where sign is to be located:** \_\_\_\_\_

**Lot:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Plan:** \_\_\_\_\_

**Existing use of property:** \_\_\_\_\_ **Land Use District:** \_\_\_\_\_

**Owner of Property (if different than applicant):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Type of Sign:** \_\_\_\_\_

**Dimensions of Sign:** \_\_\_\_\_ X \_\_\_\_\_ **Sq. Ft. of Sign:** \_\_\_\_\_ **Height of Sign (above grade):** \_\_\_\_\_

**Is Sign Illuminated:** Yes or No (circle one)

**If 'Yes', How?**

\_\_\_\_\_

**Name of Sign Manufacturer:** \_\_\_\_\_ **Estimated Cost of Sign:** \$ \_\_\_\_\_

**Estimated Date of Commencement:** \_\_\_\_\_ **Estimated Date of Completion:** \_\_\_\_\_

**Additional Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

*Applications Shall Be Accompanied By The Following:*

1. \$50.00 application fee
2. Site Plan showing location of sign on property
3. Drawing or photo of proposed sign with dimensions included.

The information is being collected under Section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be protected under the provisions of the Act. For more information please contact the FOIP Coordinator at 403.227.3376.