

SIGNAGE APPLICATION FORM

Please complete in FULL and return to:

Town of Wolfville - Community Development
200 Dykeland Street | Wolfville | NS | B4P 1A2 |
t: 902-542-3718 f: 902-542-5066



SECTION 1

Applicant/Property Owner(s): _____

Mailing Address: _____

Email: _____ Phone: _____ Fax: _____

Sign Fabricator: _____

Civic Address at Placed Sign: _____

Municipality or Provincially Registered Heritage Property? (Yes/No) _____

SECTION 2

Purpose of Application: Erect Signage Repair/Replace Signage Relocate Signage

Estimated Cost : _____ Type of Sign: Ground Wall Facial Projecting Wall

Dimensions and location of Signage (Attach Detailed Sketch): _____

Construction Materials: _____

Additional Information: _____

Present Use of Land: Commercial Residential Institutional Other: _____

Proposed Use: Same as Above: Other (Specify): _____

SECTION 3

I do solemnly declare:

1. I am the owner/authorized agent of the owner named in this application.
2. That the statements contained in this application are true and made with the full knowledge of the circumstances connected with the same.
3. That the plans and specifications are prepared for the work described in this application.
4. That the sketch submitted correctly sets out the dimensions and the area of the sign described in the said application and the relations of the locations of the proposed buildings to the street line and property boundary lines.
5. That I know of no reason why the permit should not be granted in pursuance of the said application and making this declaration conscientiously believing it to be true I hereby make application for the Development Permit for Signage.

Date: _____

Signature of Applicant/Owner