



Community Services Building  
3001 32 Avenue, Vernon BC V1T 2L8  
(250) 550-3634 Fax: (240) 545-5309  
[buildingcounter@vernon.ca](mailto:buildingcounter@vernon.ca)  
[www.vernon.ca](http://www.vernon.ca)

# SIGN PERMIT APPLICATION

## OFFICE USE ONLY

Application Received Date: \_\_\_\_\_

Permit / File No: \_\_\_\_\_

"My City" Acces Code: \_\_\_\_\_

In accordance with the City's current [Sign Bylaw](#) or any bylaw amending or replacing same, the undersigned hereby applies to install a Banner.

<input type="checkbox"/> Awning	<input type="checkbox"/> Combination	<input type="checkbox"/> Heritage	<input type="checkbox"/> Sandwich Board
<input type="checkbox"/> Banner	<input type="checkbox"/> Fascia	<input type="checkbox"/> Portable	<input type="checkbox"/> Suspended
<input type="checkbox"/> Canopy	<input type="checkbox"/> Freestanding	<input type="checkbox"/> Projecting	<input type="checkbox"/> Temporary

SITE ADDRESS:

VALUE OF SIGN: \$

## CONTACT INFORMATION

PROPERTY OWNER:	Name:	Email:
	Address:	City: Province:
	Postal Code:	Phone: Cell:
BUSINESS:	Name:	Email:
	Address:	City: Province:
	Postal Code:	Phone: Cell:
APPLICANT:	Name:	Email:
	Address:	City: Province:
	Postal Code:	Phone: Cell:
SIGN CONTRACTOR:	Name:	
	Address:	City: Province:
	Postal Code:	Phone: Cell:
	BUSINESS LICENCE #	

## CHECKLIST

SITE PLAN:	Attached <input type="checkbox"/> Location on the Property
ELEVATION PLAN:	Attached <input type="checkbox"/> Location on the Building
COLOUR DRAWING:	Attached <input type="checkbox"/> Showing Dimensions and Lettering
LICENCE AGREEMENT:	Attached <input type="checkbox"/> Sandwich Board Sign Only

I/understand and agree that neither the granting of a permit, approval of plans and specifications nor inspections made during the erection of the sign shall in any way relieve me/us from full responsibility for the carrying out of the work in strict accordance with all bylaws of the corporation of the City of Vernon.

Signature of **OWNER** of Property

Please Print

Signature of **APPLICANT**

Please Print

Personal information is collected for the purposes of processing your sign permit application. The City of Vernon is collecting this information under s.26(c) of the Freedom of Information and Protection of Privacy Act. For any questions regarding the collection of personal information, please contact the FOI Clerk at [foirequest@vernon.ca](mailto:foirequest@vernon.ca) or 250-545-3491.



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## SCHEDULE “1” OWNER’S UNDERTAKING

PLEASE PRINT CLEARLY

<b>PROPERTY ADDRESS:</b>
<b>LEGAL DESCRIPTION:</b>

<b>REGISTERED PROPERTY OWNER</b>	<b>NAME:</b>	<b>PHONE:</b>	
	<b>ADDRESS:</b>	<b>FAX:</b>	
	<b>POSTAL CODE:</b>	<b>E-MAIL:</b>	<b>CELL:</b>

This undertaking is given by the undersigned, as the owner of the property described above, with the intention that it be binding on the owner and that the Corporation of the City of Vernon will rely on same.

I confirm that I have applied for a sign permit pursuant to the current City of Vernon [Sign Bylaw](#) and that I have carefully reviewed and fully understand all of the provisions of the Bylaw and in particular, understand, acknowledge and accept the provisions describing the purpose of the Bylaw, the conditions under which permits are issued, the disclaimer of warranty or representation and the limited extent of the scope of the Bylaw and inspections thereunder.

Without in any way limiting the foregoing, I acknowledge fully that it is my responsibility, whether or not any work to be performed pursuant to the permit applied for is done by me, a contractor or a registered professional, to ensure compliance with the Sign Bylaw.

I am not in any way relying on the City or the Building Officials of the City, as defined under the Bylaw, to protect the owner or any other persons as set out in the bylaw and I will not make any claim alleging any such responsibility or liability on the part of the City or its Building Officials.

I understand and agree that neither the granting of a permit, approval of plans and specifications nor inspections made during the erection of the sign shall in any way relieve me from full responsibility for the carrying out of the work in strict accordance with all bylaws of the corporation of the City of Vernon.

**DATE:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_ **OWNER’S SIGNATURE** \_\_\_\_\_



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## SCHEDULE "2" APPOINTMENT OF AGENT

<b>SUBJECT PROPERTY ADDRESS:</b>			
<b>LEGAL DESCRIPTION:</b>			
<b>REGISTERED PROPERTY OWNER</b>	<b>NAME:</b>		<b>PHONE:</b>
	<b>ADDRESS:</b>		<b>FAX:</b>
	<b>POSTAL CODE:</b>	<b>E-MAIL:</b>	<b>CELL:</b>
<b>OWNER'S AGENT</b>	<b>NAME:</b>		<b>PHONE:</b>
	<b>ADDRESS:</b>		<b>FAX:</b>
	<b>POSTAL CODE:</b>	<b>E-MAIL:</b>	<b>CELL:</b>

I, the registered owner of the property identified above, hereby appoint the person identified above as my agent with authority to endorse on my behalf applications, documents and permits and to represent me in all discussions with the City of Vernon staff in this regard.

*As the registered property owner, please initial beside applicable permit(s):*

APPLICATION TYPE	INITIAL	APPLICATION TYPE	INITIAL
<input type="checkbox"/> Access		<input type="checkbox"/> Rezoning	
<input type="checkbox"/> ALR		<input type="checkbox"/> Sign	
<input type="checkbox"/> Building		<input type="checkbox"/> Site Profile	
<input type="checkbox"/> Demolition		<input type="checkbox"/> Soil Removal/Deposition	
<input type="checkbox"/> Development		<input type="checkbox"/> Strata Conversion	
<input type="checkbox"/> Development Variance		<input type="checkbox"/> Subdivision	
<input type="checkbox"/> OCP Amendment		<input type="checkbox"/> Tree Pruning/Removal	
<input type="checkbox"/> Plumbing		<input type="checkbox"/> OTHER:	

**DATE:** \_\_\_\_\_

**OWNER'S SIGNATURE:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_

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