



# Sign Permit Application Form

Bruce County Transportation & Environmental Services Department

Phone 519-881-2400 Fax 519-507-3030  
Email: TransportationInfo@brucecounty.on.ca

Owner: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Area of Sign: \_\_\_\_\_ Height of Sign: \_\_\_\_\_

Dimensions: Height \_\_\_\_\_ Width \_\_\_\_\_

Set Back from Edge of Property: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_

Sign Location: Civic Address \_\_\_\_\_ Municipality: \_\_\_\_\_

Legal Description \_\_\_\_\_ (Include site plan)

### Declaration

1. I, the undersigned \_\_\_\_\_, am the authorized (owner/agent of owner) named in the above application and I certify the truth of all the statements or representations contained therein.
2. I understand that the issuance of a permit shall not be deemed a waiver of any of the provisions of any requirements of the County of Bruce Sign By-law or regulations made there under, notwithstanding anything included in or omitted from the plans or other material filed in support of or in connection with the above application.
3. I acknowledge that in the event a permit is issued, any departure from plans, specifications or locations proposed in the above application is prohibited and such could result in the permit being revoked.
4. I further acknowledge that in the event the permit is revoked for any cause or irregularity or non-conformity with the requirements of the County of Bruce Sign By-law or regulations made thereunder, there shall be no right of claim whatsoever against the County or any official thereof and any such claim is hereby expressly waived.
5. All work shall conform to the Occupational Health and Safety Act.
6. The applicant shall indemnify and hold harmless the County of Bruce, its officers, members of Council, agents, servants, employees, invitees or licensees from and against any liabilities, claims, expenses, demands, loss, cost, damages, actions, suits or other proceedings by whomsoever made, directly or indirectly arising out of this permit.
7. The applicant shall ensure that the contractor, at its expense, obtain and keep in force insurance coverage of not less than \$2,000,000.00.
8. If requested, the applicant agrees to provide the County with a copy of a current insurance certificate.

Please indicate if this application is in conjunction with the *Spruce the Bruce Program*.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature  
(Owner/Authorized Agent)

### OFFICE USE ONLY

Permit Number: \_\_\_\_\_

Approved by: \_\_\_\_\_

Permit Fee: \$150.00  
GL #4-30-311-1220-0701

Print name: \_\_\_\_\_