



10511 – 103 Street
 High Level, AB
 T0H 1Z0
 Ph: 780-926-2201
 Fax: 780-926-2899
 development@highlevel.ca

Signage Development

Permit Application

OFFICIAL USE ONLY

Development Permit #	Roll Number	Non-Refundable Fee	Date Received	Receipt Number
		\$		

Applicant Information

Applicant Name	Registered Land Owner Name
Applicant Mailing Address	Registered Land Owner Mailing Address
Address: City/Town: Province: Postal Code:	Address: City/Town: Province: Postal Code:
Applicant Phone	Registered Land Owner Phone Number
Applicant Email	Registered Land Owner Email Address

Land Information

Urban Legal Address						
Plan		Block		Lot		
Rural Legal Address	Quarter <input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> SW <input type="checkbox"/> SE	Section	Township	Range	Meridian	
Civic Address						
Land Use Zoning						
<input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> IND <input type="checkbox"/> C-1 <input type="checkbox"/> C-2 <input type="checkbox"/> C-3 <input type="checkbox"/> CU <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> RES <input type="checkbox"/> DC						



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Signage

Signage Type		Development Type			
<input type="checkbox"/> Sign – Billboard <input type="checkbox"/> Sign – Canopy <input type="checkbox"/> Sign – Directory <input type="checkbox"/> Sign – Fascia <input type="checkbox"/> Sign – Freestanding <input type="checkbox"/> Sign – Illuminated <input type="checkbox"/> Sign – Portable or Mobile <input type="checkbox"/> Sign – Projecting <input type="checkbox"/> Sign – Sandwich		<input type="checkbox"/> New Sign <input type="checkbox"/> Additional Sign <input type="checkbox"/> Temporary Sign			
Estimated Project Cost	\$	Variance Requested		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date	End Date		Attached is		
			<input type="checkbox"/> Site Plan <input type="checkbox"/> Sign Design/Drawings <input type="checkbox"/> Other _____		
Lot Size <input type="checkbox"/> ft. <input type="checkbox"/> m	Length		Width		Area
Building Size <input type="checkbox"/> ft. <input type="checkbox"/> m	Length		Width		Height
	Area		% of Lot Coverage		
Sign Size <input type="checkbox"/> ft. <input type="checkbox"/> m	Length		Width		Height
	Area				

Application Checklist

<input type="checkbox"/>	Completed this Application Form	<input type="checkbox"/>	Copy of Certificate of Title – if requested
<input type="checkbox"/>	Application Fee Paid	<input type="checkbox"/>	Completed Site Plan with Dimensions
<input type="checkbox"/>	Registered Land Owner has signed this form, if the Applicant is not the Land Owner	<input type="checkbox"/>	Submitted Sign Design or Drawings



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Applicant Declaration

I/We declare that the information given on this form and any attachments is a true statement of the facts concerning this development. I/We agree to comply with the Safety Codes Act, all applicable codes, regulations and bylaws. I/We hereby give consent to allow Town authorized person(s) the right to enter the above lot and/or buildings with respect to this permit application only.

Personal information on this form is collected in accordance with Section 33 of the Freedom of Information and Protection of Privacy (FOIP) Act for the issuance of development permits, Land Use Bylaw enforcement and property assessment purposes. The name of the permit holder, and the nature of the permit are available to the public upon request. If you have any questions about the collection, use or disclosure of this information, please contact the Municipal Clerk at 780-821-4008.

Signature of Applicant		Date	
Signature of Registered Land Owner		Date	

OFFICIAL USE ONLY					
Building Use <input type="checkbox"/> Principal <input type="checkbox"/> Accessory	Meets the Specific Land Use District Signage Requirements <input type="checkbox"/> Yes <input type="checkbox"/> No	Variance Approved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Building Permit Required <input type="checkbox"/> Yes <input type="checkbox"/> No		
Electrical Permit Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Gas Permit Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Plumbing Permit Required <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Approved subject to permit conditions		<input type="checkbox"/> Refused for the following reason(s)			
Date of Decision	Date of Public Notice	Signature of Development Authority _____			
Date Permit Valid	Date Permit Expires				
IF APPLICABLE					
Corresponding Building Permit #		Safety Codes Officer Name		Safety Codes Officer Designation #	
Safety Codes Officer Signature				Date	




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Site Plan

	 NORTH
	Setbacks from Lot Lines
	Front Yard <input type="checkbox"/> ft. <input type="checkbox"/> m
	Rear Yard <input type="checkbox"/> ft. <input type="checkbox"/> m
	Side Yard (1) <input type="checkbox"/> ft. <input type="checkbox"/> m
Side Yard (2) <input type="checkbox"/> ft. <input type="checkbox"/> m	

If applicable, please include the following information in your drawing:

- location/distance of existing buildings from property lines
- location of access/driveway, and distance from intersections
- location of shelterbelts and/or treed areas
- location of parking and loading areas
- length and width of property
- location of signs
- location/distance of proposed buildings from property lines
- ravines, creeks, lakes, sloughs, and any other water bodies
- location of road(s), road allowances