



Corporation of the Township of Zorra
 Application for Exemption to Sign By-law No. 72-19

| For use by Township | |
|---------------------|--------------|
| Application number: | |
| Date received: | Roll number: |

| A. Applicant | | | |
|----------------|---------------|-----------------------------------|--|
| Applicant is: | | <input type="checkbox"/> Owner or | <input type="checkbox"/> Authorized agent of owner |
| Last name | First name | Corporation or partnership | |
| Street address | | | Unit number |
| | | | Lot/con. |
| Municipality | Province | Postal code | |
| Phone number | Email address | | |

| B. Sign Information | | |
|--|---------------------------------|---|
| Is the sign located on a property where an active building permit is in place? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, permit # | | |
| Sign location: (Example: east side, rear yard, etc) | | |
| Type of Sign: | | |
| Reason for request: (Examples: privacy, security, safety, aesthetics.) | | |
| Section of By-law requiring the exemption: | | |
| Dimensions of sign: Height: | Measurement from house to sign: | Measurement from property line to sign: |

Sketch/Aerial Photo and fee must be included with submission of application. See Fees By-law No. 11-09 for current fee.
 Fee included: YES NO Amount \$ _____
 Sketch/aerial photo included: YES NO
 Application will be deemed incomplete if fee and sketch are not included.

C. Declaration of applicant

I _____ certify that:
(print name)

1. The information contained in this application, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
2. I have authority to bind the corporation or partnership (if applicable).

Signature of applicant(s)

Date

The personal information, as defined by the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*, is collected under the authority of the Municipal Act, 2001 and in accordance with the provisions of MFIPPA. Personal information on this form will be used for the purpose of evaluating the request and information may be included on a public Council agenda. If you have any questions regarding this collection, use, and disclosure of information, contact the Township of Zorra Municipal Clerk 519-485-2490 or clerk@zorra.ca