



Town of Milton
 150 Mary Street
 Milton, Ontario
 L9T 6Z5

MILTON

Tel: 905-878-7252
 www.milton.ca

Application for Variance to Sign By-law

The Town of Milton is dedicated to meeting the needs of our customers. To obtain documents in an alternate format such as Braille, large print, electronic or plain language, contact the Town's Accessibility Coordinator. Rev. 03.22

The undersigned hereby applies for a variance to the Town of Milton Sign By-law 086-2009, as amended, pursuant to Section 11(3)7, of the *Municipal Act*, S.O. 2001, c. 25, as amended.

PLEASE TYPE CLEARLY ALL INFORMATION

| | | | | | |
|---|--|---|----------|---|-------------|
| OFFICE USE ONLY: | | | | | |
| Date Received: | | <input type="checkbox"/> Fees Received | | File Number: | |
| APPLICANT INFORMATION | | | | | |
| | | Applicant is: | | <input type="checkbox"/> Land Owner <input type="checkbox"/> Authorized Agent of Land Owner | |
| Last Name | | First Name | | Company Name | |
| Street Address | | | | Unit Number | |
| Municipality | | | Province | | Postal Code |
| Telephone Number | | | Email | | |
| Applicant's Interest (State whether applicant is owner / prospective owner / lessee) | | | | | |
| REGISTERED OWNER INFORMATION | | | | | |
| <i>Include Name(s) and Title(s) of those authorized to bind if a Corporation</i> | | | | | |
| Last Name | | First Name | | Company Name | |
| Street Address | | | | Unit Number | |
| Municipality | | | Province | | Postal Code |
| Telephone Number | | | Email | | |
| TENANT/OCCUPANT INFORMATION | | | | | |
| Last Name | | First Name | | Company Name | |
| Street Address | | | | Unit Number | |
| Municipality | | | Province | | Postal Code |
| Telephone Number | | | Email | | |
| Primary contact for all future correspondence: <input type="checkbox"/> Owner or <input type="checkbox"/> Applicant <input type="checkbox"/> Tenant | | | | | |
| PROPERTY INFORMATION | | | | | |
| <i>(To be completed in full or application will be deemed incomplete)</i> | | | | | |
| Lot | | Concession | | Geographic Township | |
| Registered Plan Number | | Lot/Block | | Reference Plan | |
| Current Municipal Address | | | | Assessment Roll Number (from Property Tax Bill) | |
| Lot Area (hectares) | | Lot Depth (metres) | | Lot Frontage(s) (metres) | |
| Zoning: Designation: | | | | Official Plan Designation: | |



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| NATURE AND EXTENT OF RELIEF APPLIED FOR (Eg. Specify Setback/Height/Sign Area etc.) | |
|---|--|
| | |

| RELIEF REQUIRED FROM THE SIGN BY-LAW (Please identify why you are not able to comply with the Sign By-law.) |
|---|
| |

| HISTORY OF SUBJECT LANDS | |
|---|--|
| Date of Purchase of Subject Property: | |
| Date of Placement of Existing Signs (if any): | |
| Existing Use(s) of Subject Property: | |
| Length of Time Existing Uses of Subject Property have continued: | |
| Existing Uses of Abutting Properties: | |
| Has there previously been a sign variance applied for on this property? | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| If Yes, please provide details: | |

| DESCRIBE ALL SIGNS <u>EXISTING</u> ON SUBJECT PROPERTY: | | | | | | | |
|---|------|--------|-------|-----------|-------------------------|------|-------|
| | TYPE | HEIGHT | WIDTH | AREA/FACE | DISTANCE FROM LOT LINES | | |
| | | | | | FRONTAGE | REAR | SIDES |
| A) | | | | | | | |
| B) | | | | | | | |
| C) | | | | | | | |
| D) | | | | | | | |
| E) | | | | | | | |

| DESCRIBE ALL SIGNS <u>PROPOSED</u> ON SUBJECT PROPERTY: | | | | | | | |
|---|------|--------|-------|-----------|-------------------------|------|-------|
| | TYPE | HEIGHT | WIDTH | AREA/FACE | DISTANCE FROM LOT LINES | | |
| | | | | | FRONTAGE | REAR | SIDES |
| A) | | | | | | | |
| B) | | | | | | | |
| C) | | | | | | | |
| D) | | | | | | | |
| E) | | | | | | | |



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Owner's Authorization

With respect to lands owned by:

(PRINT Owner(s) Name / Corporate signing authority)

known as:

(Legal Description /Municipal Address of Lands)

DECLARE that I/We am the registered owner of the lands described in this application, have examined the contents of this application and hereby certify that the information submitted with the application is correct insofar as I have knowledge of these facts, and I hereby authorize:

_____ of _____
(Name of Agent) *(Name of Company)*

to act on my/our behalf in this matter. I/We further consent to Town of Milton staff or a representative thereof, to enter upon the subject lands and premises for the purpose of evaluating the merits of this application and subsequently to conduct any inspections and work on the subject lands and structures.

I/We also acknowledge that the information requested on this form is collected under the authority of the Municipal Act and in the accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act.

(Date)

** (ORIGINAL Signature of Registered Land Owner)*

PRINT NAME

(Date)

** (ORIGINAL Signature of Registered Land Owner)*

PRINT NAME

***NOTE: THIS DOCUMENT WILL NOT BE ACCEPTED AND THE APPLICATION WILL BE DEEMED INCOMPLETE UNLESS THIS PAGE INCLUDES AN ORIGINAL SIGNATURE OF THE REGISTERED LAND OWNER.**