

Sign Development Permit #: \_\_\_\_\_

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

***To Be Completed By Applicant:***

 Do you have a Business License with the Town of Blackfalds?     Yes     No    Bus Lic No. \_\_\_\_\_  
 Permit Being Applied for By:     Land Owner     Applicant/Contractor

 Landowner Name(s): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

 (Same as Landowner)  
 Applicant/Contractor Name(s): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Sign Location Address:** \_\_\_\_\_  
 Legal Description: Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Land Use District: \_\_\_\_\_  
 Sign Company to Erect Sign: \_\_\_\_\_  
 Does the Sign Company have a Valid Business License:     Yes     No     Unknown

**Dimensions of Sign (as applicable):** \_\_\_\_\_  
 Sign Face Area: \_\_\_\_\_ m<sup>2</sup>/ft<sup>2</sup>  
 Horizontal: \_\_\_\_\_ m/ft    Vertical: \_\_\_\_\_ m/ft    Depth: \_\_\_\_\_ m/ft  
 Distance to Grade: \_\_\_\_\_ m/ft    Approx. Value: \$ \_\_\_\_\_

 Wording on Sign: \_\_\_\_\_  
 \_\_\_\_\_

<b>PLACEMENT OF SIGN</b> (please attach drawing of location) Setback from Curb: _____ m/ft Setback from Driveway: _____ m/ft Setback from Intersection: _____ m/ft Setback from nearest Property Line: _____ m/ft Setback from Other Signs: _____ m/ft	<b>VARIANCE REQUIRED</b> <input type="checkbox"/> Reason for variance (please attach reasons for variance): _____ _____ _____
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<b>SIGN TYPE:</b> <input type="radio"/> A Board <input type="radio"/> Awning and Canopy <input type="radio"/> Banner (*see below) <input type="radio"/> Billboard <input type="radio"/> Construction <input type="radio"/> Directional <input type="radio"/> Fascia	<input type="radio"/> Freestanding <input type="radio"/> Inflatable (*see below) <input type="radio"/> Neighbourhood Identification <input type="radio"/> Painted Wall <input type="radio"/> Portable (*see below) <input type="radio"/> Projecting <input type="radio"/> Roof	<input type="radio"/> Rotating <input type="radio"/> Subdivision Identification <input type="radio"/> Temporary (*see below) <input type="radio"/> Wall <input type="radio"/> Wall Mounted <input type="radio"/> Window <input type="radio"/> Other: _____
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**\*For Temporary Signs Only (Banner, Inflatable, Portable, Temporary):**  
**Date of Sign to be in Place:** From: \_\_\_\_\_ To: \_\_\_\_\_

**PLEASE TURN OVER**

Sign Development Permit #: \_\_\_\_\_

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

**NOTES:**

1. This Application constitutes part of the permit.
2. Every Development Application shall be completed and submitted in accordance with Section 3.4 of the Town of Blackfalds Land Use Bylaw 1198/16.
3. Failure to comply with this form fully and lack of the required information and plans may cause delays in processing this Development Application.
4. An Application for a Development Permit shall, at the option of the applicant, be deemed to be refused when the decision of the Development Authority is not made within forty (40) days of receipt of the Application.
5. Any questions related to the collection and use of this permit information should be referred to the Planning and Development Department at 403.885.4677.

**A DEVELOPMENT PERMIT COMES INTO EFFECT:**

- a. if it is issued by the Development Authority, twenty one (21) days after the date of decision.
- b. if it is issued by Town Council with respect to a development in a Direct Control District, upon the date of its issue, or
- c. if an appeal is made, on the date that the appeal is finally determined.

A development permit remains in effect for twelve (12) months from the date of its issue and thereafter is null and void unless an extension has been requested and approved. A time extension request must be received a minimum of one (1) month prior to expiry.

*I hereby make application for a Development Permit under the provisions of the Town of Blackfalds Land Use Bylaw #1198/16 in accordance with the plans and supporting information submitted herewith and which form part of this application and will abide by all conditions of approval. By submitting this application I hereby allow right of entry for inspection purposes.*

Permit Applicant Name(s): \_\_\_\_\_

Permit Applicant Signature(s): \_\_\_\_\_

Landowner Name(s): \_\_\_\_\_

Landowner Signature(s): \_\_\_\_\_

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

**FOR OFFICE USE ONLY**

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Land Use District: \_\_\_\_\_ Tax Roll #: \_\_\_\_\_

 Variance Requested (if applicable):  MPC  Development Officer

 Does the Sign Company have a Valid Business License:  Yes  No

Sign Development Permit Fee: (1-61-00-520)	\$ _____	MPC Date: _____
<b>TOTAL:</b>	\$ _____	SDAB Date: _____
		Notification Date: _____

Receipt #: \_\_\_\_\_ Date Application Deemed Complete: \_\_\_\_\_

*The personal information provided as part of this application is collected in accordance with the Alberta Municipal Government Act (MGA), the Freedom of Information and Privacy Act (FOIP), Town of Blackfalds Land Use Bylaw 1198.16 and the Alberta Safety Codes Act (SCA) and will be used by the Town for issuing permits, safety codes compliance verification and monitoring and property assessment purposes. The Town of Blackfalds is authorized to collect this personal information under Section 23 of FOIP and by Section 3 of the MGA. The applicant's name and the nature of the permit will be publicly available, in accordance with the FOIP Act. Collected personal information is protected from unauthorized access, collection, use and disclosure in accordance with the FOIP Act, and can be reviewed and corrected upon request. Should you have any questions or concerns regarding the collection of this information, please contact the FOIP Coordinator at [foip@blackfalds.com](mailto:foip@blackfalds.com) or 403.885.6248.*