



THE CORPORATION OF THE TOWNSHIP OF MUSKOKA LAKES

P.O. Box 129, Port Carling, Ontario P0B 1J0
 Website: www.township.muskokalakes.on.ca

Phone: 705-765-3156
 Fax: 705-765-6755

**SCHEDULE "B" BY-LAW NUMBER 99-100
 APPLICATION OF SIGN PERMIT**

PART A: APPLICANT TO COMPLETE:

Name:	Telephone Number:	Residence:	
Address: _____ _____ _____		Business:	
Roll Number:	Date:		

LOCATION DESCRIPTION:

Municipal Road:	
Lot:	
Concession:	
Ward:	

NATURE OF APPLICATION:

Check One:	Commercial Sign	()
	Advertising Sign	()
	Advertising Device	()
	Private Road Sign	()

**GENERAL DESCRIPTION OF INSTALLATION LOCATION:
 (ATTACH SKETCH IS NECESSARY)**

GENERAL DESCRIPTION OF INSTALLATION:

Size or Area:		Primary Colour:	
Method of Support:			
Message Displayed			

SURVEY FOR NAMING A PRIVATE ROAD ATTACHED Yes () No ()

Note: The Municipality is not responsible for maintenance or replacement of approved sign installations should they be removed or fall into disrepair.

SIGNATURE OF APPLICANT: _____

PERMIT

PART B: MUNICIPAL STAFF TO COMPLETE

Permit Issued: ()	Signature: _____
Permit Denied: ()	Title: _____
	Date: _____

INSTRUCTIONS TO APPLICANT: (Conditions of Approval)

Permit Fee: \$		Receipt No.	
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