

CITY OF SYLVAN LAKE
SIGN PLAN REVIEW INFORMATION

NAME OF BUSINESS: _____

TYPE OF BUSINESS: _____

ADDRESS WHERE SIGN WILL BE ERECTED: _____

NAME OF APPLICANT: _____

APPLICANT ADDRESS: _____ TELEPHONE #: _____

OWNER OF BUILDING: _____

NAME, ADDRESS & PHONE # OF SIGN ERECTOR: _____

ZONING DISTRICT WHERE SIGN WILL BE ERECTED: _____

SIZE OF GROUND SIGN: _____

WHERE WILL POLE BE ERECTED IN RELATION TO BUILDING AND ROAD (ON SEPARATE SHEET OF PAPER SHOW POSITION OF POLE IN RELATION TO BUILDING AND ROAD): _____

MAXIMUM HEIGHT OF GROUND SIGN ABOVE GRADE: _____

SIZE OF WALL SIGN: _____

WHERE WILL SIGN BE ATTACHED TO BUILDING (ON SEPARATE SHEET OF PAPER SHOW POSITION OF SIGN ON BUILDING): _____

LINEAL FOOTAGE OF BUILDING: _____

ARE THERE EXISTING SIGNS THAT WILL BE REMOVED (DESCRIBE SIZE AND LOCATION): _____

SIGNATURE: _____ DATE: _____