

PROPOSED WORDING ON AWNING SIGN:		
OVER: (check one) <input type="checkbox"/> private property <input type="checkbox"/> City property		PROJECTION over City property:
AWNING DIM.: Width _____ Height _____ Depth _____		PROJECTION from building face:
COPY is on how many sides?	All copy is included on encl. drawings (chk) <input type="checkbox"/>	HEIGHT from grade to bottom of awning sign frame:
PROPERTY frontage (linear dimension)	SIGN is below line of second floor roof <input type="checkbox"/>	HEIGHT from grade to top of awning sign frame:
What is the awning face material?		HEIGHT from grade to bottom of soft fringe (if any):
What is the use of these premises?		Do your drawings include all copy for all awning sign faces?
<p>PLEASE CAREFULLY READ THE FOLLOWING:</p> <p>As owner or owner's agent, I have verified that the information contained within this document and associated applications and plans is correct and that I am acting with the owner's full knowledge and permission. In consideration of the granting of a Sign Permit or Sign Registration I agree to comply with all applicable requirements of the Sign By-law, Zoning and Development By-law, Building By-law and Encroachment By-law, and all other applicable laws, by-laws and regulations, and to indemnify and save harmless the City of Vancouver and its officials, officers, employees and agents ("City Personnel") against all claims, liabilities, judgements, costs and expenses which may accrue against the City of Vancouver in consequence of and incidental to the permissions to place, erect or display the sign. I further certify that the sign and its supports meet the construction requirements in the Sign By-law and the Building By-law.</p>		<p>ATTACH PHOTO HERE (Please provide a photo indicating the proposed location of the awning sign on the applicable building face.)</p>
SIGNATURE OF APPLICANT (Authorized Officer of Company)		
NAME OF APPLICANT (Please print)		
COMPANY NAME (Please print)		
YOU ARE: <input type="checkbox"/> Sign Company <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other (please explain below)		
DATE OF APPLICATION		
Please use this space for additional information If required		
Has this awning been permitted by a previous permit? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please write the previous permit number here:	Date of previous permit:
Office Use Only		

Please note that Applicants wishing to appeal to the Board of Variance are requested to apply for an Awning Sign Permit with the Development Services Enquiry Centre prior to submitting their applications for appeal.