

P.O. Box 439, 5 High Street, Grand Falls-Windsor, NL A2A 2J8

Phone: (709) 489-0211 Fax (709) 489-0465

planning@townofgfw.com www.grandfallswindsor.com

Permit #:	
Date Received:	
Permit Fee:	
Permit Fee:	

Application for Signage Permit

No sign or advertisement shall be erected or displayed within the Planning Area unless a permit for the sign or advertisement is first obtained from the Authority.

CONTACT INFORMATION				
Applicant: Address:		Contractor (if applicable):		
City/Town/Province: Postal Code: Telephone: Email Address:		City/Town/Province: Postal Code: Telephone: Email Address:		
SIGN INFORMATIO	DN			
Proposed Location (address) Sign Type:	on:	Property Owner: Address:		
	(refer to section 14 of Policy for Signs and Advertisements)	City/Town/Province: Postal Code: Telephone:		
Size: Length _ Description:	Width Height			
SIGNATURE OF AG	GREEMENT			
I do solemnly decl	are that the information herein contained i	n the said application are true a	nd correct to the best of my knowledge.	
Applicants Signat	pplicants Signature: Date:			
Property Owners Signature: Date:				

14.11 (xiv) When erecting a sign on property other than your own, written permission from the property owner will be required.