



# Sign Variance / Amendment Application Form

## City of Cambridge

Development & Infrastructure Department  
 Development Planning Division  
 50 Dickson Street, 3<sup>rd</sup> Floor, P.O. Box 669  
 Cambridge, Ontario, N1R 5W8  
 (519) 621-0740

(For Office Use)

<b>Date Received:</b>	<input type="checkbox"/> <b>Variance</b>	<b>Fee Paid:</b>	<b>File No.</b>
	<input type="checkbox"/> <b>Amendment</b>		
<b>MTO</b>	<b>GRCA</b>	<b>REGION</b>	<b>HERITAGE</b>

<b>Subject Site Location</b>
Subject Land's Municipal Address:
Present Zoning By-Law Classification of the Site:
Link to Zoning By-Law and Maps <a href="http://www.cambridge.ca/planning_and_development_department/planning_operations/zoning_bylaw_administration_and_amendments">http://www.cambridge.ca/planning_and_development_department/planning_operations/zoning_bylaw_administration_and_amendments</a>
Is or was the project subject to a previous Sign Variance Application? <input type="checkbox"/> Yes, File No.: _____ <input type="checkbox"/> No
Nature and Extent of the Variance:

Why is not possible to comply with the provisions of the By-Law?

Type of Sign:

Free Standing:

Fascia:

Illuminated:

Projecting

**Registered Owner**

Name:

Company Name (If applicable):

Street Address:

City:

Province:

Postal Code:

Bus Tel:

Email:

Fax:

**Agent / Contractor**

Name:

Company Name (If applicable):

Street Address:

City:

Province:

Postal Code:

Bus Tel:

Email:

Fax:

**Agent to Submit Sign Variance Application (to be completed by Owner)**

If the applicant is not the Owner of the Land(s) that is subject to this application, confirmation by the Owner that the Agent is authorized to make the application on his/her behalf must be completed below:

I/we, \_\_\_\_\_

the Registered Owner(s) of

\_\_\_\_\_ (municipal address or legal description)

hereby

authorize \_\_\_\_\_

(print: name of agent)

to act as an agent for this Application for the Sign Variance.

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

\_\_\_\_\_ Signature:

**Permission to Enter Property:**

I/we hereby authorize the staff members of the Corporation of the City of Cambridge to enter upon the subject lands and premises during normal business hours for the purposes of evaluating the merits of this application and subsequently to conduct any inspections and work on the subject lands that may be required as condition of approval of this application. Should there be a need for the accompanying of a staff member on a site inspection due the operations of the business (security/health and safety), please confirm this by checking the box below and to whom the inspection should be arranged with.

- Due to security/health and safety reasons, city staff will need to be accompanied while on site by trained personnel.

Inspections shall be arranged with:

- Owner;
- Agent;
- Other: \_\_\_\_\_

Subject Lands: \_\_\_\_\_  
(municipal address or legal description)

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
*(I have authority to bind the corporation)*

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
*(I have authority to bind the corporation)*