



TOWN OF WOODSTOCK
“New Brunswick’s First Town”
 824 Main Street, Woodstock NB E7M 2E8
 Telephone: (506) 325-4600 Fax: (506) 325-4308

APPLICATION FOR SIGN PERMIT

Civic address/Location of Sign: _____ PID #: _____ Zone _____

Name of Land Owner: _____ Address _____

Province: _____ Postal: _____ Phone: _____ Fax: _____ Email: _____

Name and address of Applicant or Agent, if applicable: _____

_____ Phone: _____ Fax: _____ Email: _____

Name and Address of Designer of Sign: _____

_____ Phone: _____ Fax: _____ Email: _____

Total Number of Signs on Property Description: _____

DESCRIPTION OF SIGN

Type of Sign: Temporary _____ Permanent _____ **Number of Sign Faces:** _____

Style of Sign: Freestanding _____ Pylon _____ Fascia (*Mounted flat on Building*) _____ Projecting _____ Canopy _____

**Is the proposed sign (Freestanding/Pylon) in Compliance with NB Power setback requirements?*
 Yes _____ No _____

Construction: Wood _____ Plastic _____ Metal _____

Illuminated: Yes _____ No _____ **If Yes Electrical Contractor** _____ **Phone:** _____

How: Internal _____ External _____ Constant _____ Flashing _____ Scrolling _____ Other _____

ATTACH THE FOLLOWING

- Sign specifications and Drawing – showing dimension of sign ,height from ground to bottom of sign,
- A Site Plan - indicating exact location on property showing distance from Property lines, Street, Intersections, Hydro Poles and location of all other signs on property (new or existing).

Attached: Yes _____ No: _____

I, The undersigned, agree to comply with all Laws of Canada, The Province of New Brunswick and By-laws of the Town of Woodstock, NB, Pertaining to the sign applied for here in.

Signature of Land owner: _____ Date: _____

Applicant/Agent: _____ Date: _____

Typing in your name and electronically sending this form to the Town of Woodstock constitutes your Electronic signature.

Office use only

Variance required: Yes _____ No: _____

Approved _____ Approved with conditions _____

Denied _____ Date: _____

Approved By: _____

(Development Officer/CAO)

Date: _____

Permit Number: _____