

District Offices:

<input type="checkbox"/> North York	416-395-7000	<input type="checkbox"/> Toronto and East York	416-392-7539
<input type="checkbox"/> Scarborough	416-396-7526	<input type="checkbox"/> Etobicoke York	416-394-8002

Application Date			Application No.
Day	Month	Year	

*Please type or print in ink*

## Project Location and Description

IBMS Property RSN:

Street No.	Street Name	Unit No.
Lot	Plan	Zoning Designation

Location of Sign

Type of Sign    Illuminated    No  Yes      First Party     Third Party

## Owner Information

IBMS People RSN:

<input type="checkbox"/> Owner <input type="checkbox"/> Tenant (If Person - Last Name)	Company Officer	First Name	Position
<input type="checkbox"/> Owner <input type="checkbox"/> Tenant (If Company/Partnership)	Company Officer	Company Officer	Position
Street No. and Name		Apt./Unit No.	
City	Province	Postal Code	Area Code and Telephone No.

## General Information

Describe the sign variance applied for:

---



---



---

Reasons / justification for requested variances:

---



---



---

Does the sign replace an existing sign?    No  Yes  - If yes, provide existing sign dimensions and location:

---



---

## Applicant's Declaration

IBMS People RSN:

I,	Last Name	First Name	Area Code and Telephone No.
	Company Name (if applicable)		
of	Street No. and Name	Apt./Unit No.	Area Code and Fax No.
	City	Province	Postal Code
	Area Code and Mobile / Pager No.		
E-mail address			

**do hereby declare the following:**

- That I am     the owner as stated above  
                    the owner's authorized agent  
                    an officer/employee of ....., which is an authorized agent of the owner.
- That statements contained in this application are true and made with full knowledge of all relevant matters and of the circumstances connected with this application.
- That the plans and specifications submitted are prepared for the sign variance(s) described and are submitted in compliance with copyright law.
- That the information included in this application and in the documents filed with this application is correct.

**I hereby certify that I have read and agree to abide by the conditions above.**

..... Applicant's Signature	..... Date	..... Building Division Witness	..... Print Initials
--------------------------------	---------------	------------------------------------	-------------------------

The personal information on this form is collected under the City of Toronto Act, 1997, By-laws 894-1999, 226-1999, and applicable Sign By-laws, and will be used for processing sign variance applications and creating aggregate statistical reports. Questions about this collection may be referred to the Customer Service Manager in the appropriate district at the number listed above.