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SIGN PERMIT APPLICATION

APPLICANT

Business Name: _____

Applicant Name: _____

Mailing Address: _____

Contact Details:

Phone: _____

Cell: _____

Email: _____

SIGN

Proposed location of sign: _____

Type of sign: _____ Cost of sign: \$ _____

Sign is to be: New Altered Moved Old

MANUFACTURER

Name of Manufacturer: _____

Mailing Address: _____

Contact Details:

Phone: _____

Cell: _____

Email: _____

CONTRACTOR

Name of Installer/Contractor: _____

Mailing Address: _____

Contact Details:

Phone: _____

Cell: _____

Email: _____

Applicant's signature: _____ Date: _____

NOTES

Fee Amount: \$ _____

Inspector's signature: _____ Date: _____