Planning and Development Services



Building Division 8850 McLaughlin Road, Unit 1 Brampton, ON L6Y 5T1

Permit Requirements

Portable Signs – Production Home Builder A-frame Signs

Permit Application

- Completed permit application form consisting of:
 - Application Form "Portable Sign Permit Application"
 - Certificate of Insurance
- 2. Three (3) copies of plans and specifications including:
 - City map showing the location of the sign(s.)
 - Drawings of and information with respect to the sign(s) including the size of the sign(s).
- 3. Portable Sign Permit fee of \$125.00 per sign (non-refundable).

Sign Permit Issuance

- 1. The owner shall provide evidence of Commercial General Liability Insurance with an inclusive limit of not less than \$2 million per occurrence, the Corporation of the City of Brampton shall be included as an additional insured.
- 2. A validation sticker must be placed on the sign in a clearly visible fashion.
- 3. No person shall erect or display, or cause to be erected or displayed, a portable sign within a sightline or in a manner which interferes with pedestrian or vehicular traffic.
- 4. Contractors named on the application must obtain a City of Brampton contractor's license for the current year. For information call (905)874-2580.
- 5. Other approvals may be required prior to the issuance of a permit:
 - Region of Peel (905)791-7800 ext. 7905
 - Ministry of Transportation (416)235-4592

Permits

Tel. (905)874-2401

Fax (905)874-2499

By-law Enforcement

Tel. (905)458-3424

Fax (905)458-3903

FLOWER CITY BRAMPTON.CA

BUILDING DIVISION

8850 McLaughlin Road, Un 1 Brampton, ON L6Y 5T1 Tel: 905-874-2401

PORTABLE	SIGN	PERMIT	APPL	ICATION.
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DATE STAMP	APPLICATION NUMBER		
		1	
	ACCEPTED BY	BUILDING FILE #	

TO THE DIRECTOR OF BUILDING: Pursuant to the City of Brampton Sign By-law 399-2002, as amended, the undersigned herby applies for a permit to display a portable sign as described on this application and the documents submitted herewith.

LOCATION		STREET NO.		STREET NAME				UNIT NO.	
		LOT/BLK	BLK PLAN/CON		REFERENCE PLAN (If Applica		CE PLAN (If Applicable]	
								,	
PORTABLE TYPE	E SIGN		CLASS A - BILE SIGN		CLASS C - INFLATABLE		BUILDER'S A-FRAME SIGN	0 #	
-			CLASS B - AME SIGN		CLASS D - OTHER			DATE	
PROPERTY	Y OWNER	NAME					<u>'</u>		
		STREET NO.		STREET NAME			UNIT NO.	PHONE NO.	
		CITY		PROVINCE			POSTAL CODE	FAX	
TENANT OF OCCUPAN' WHICH THI DISPLAYER	T FOR E SIGN IS				l		l	PHONE NO.	
PORTABLE CONTRACT		NAME							
SUPPLIER	TORY	STREET NO.		STREET NAME			UNIT NO.	PHONE NO.	
		CITY			PROVINCE		POSTAL CODE	FAX NO.	
APPLICAN [*]	T'S DECLA	RATION					•		
I,		E			FIRST NAME			PHONE NO.	
of	STREET N	O.	STREET	NAME			UNIT NO.	FAX NO.	
	CITY				PROVINCE		POSTAL CODE	MOBILE/PAGER NO.	
Do hereby	declare the	e following:					<u> </u>		
1.	THAT I an	n	0		wner as stated above				
			0	the owner's au	uthorized agent				
			0		oloyee of which is an a				
2.							nd provided with full		
3.	3. THAT I know of no reason why a permit should not be granted pursuant to this application								
4.	WHERE a	applicable onl	ly personr	nel licensed by t	the City of Brampton w	ill be empl	oyed on this project		
Applicant's Signature				Date					
OFFICE U	SE ONLY								
RECEIPT NO. EXPIRY DATI			<u> </u>		REVIEWED BY SIGNATURE DATE				
FEES Permit Fee	\$								
Copies \$			NUMBER OF PERMITS ISSUED THIS YEAR						
Total Fee \$			# OF EXISTING SIGNS ON THE PROPERTY						
COMMENT	S]					
					ISSUANCE OF PEI	KMIT AU	I HORIZED	DATE	

Personal information is being collected under the authority of the Municipal Act for the purpose of processing portable sign permits. Questions about this collection may be directed to the Supervisor of Administration – Building Division, 8850 McLaughlin Road, Unit #1, Brampton, ON, L6Y 5T1, (905) 874-2401.

White - Office Yellow - Recording Clerk Pink - By-law Enforcement Goldenrod - Applicant



NAME OF INSURED

ADDRESS OF INSURED

The Corporation of the City of Brampton Carifficatia of Insurance

NOTE: Insurance Company MUST have a minimum rating of: 'B+' (A.M.Best); 'Baa' (Moody's); or 'BBB' (Standard and Poor's).

Planning & Development Services

SIGN PERMIT

Proof of Liability Insurance will be accepted on this form ONLY.

IF A FACSIMILE HAS BEEN TRANSMITTED, THE ORIGINAL CERTIFICATE MUST FOLLOW

This is to certify that policies of insurance, subject to their terms, conditions and exclusions, are at present in force for the Insured named below with the Insurer specified in accordance with their specific activity of placing a sign on the road allowance in the City of Brampton.

TELEPHONE

NUMBER

CITY

AREA CODE

POSTAL CODE

D (

	TYPE OF INSURANCE	INSURER'S NAME	POLICY NUMBER	EFFECTIVE (YR./MO./DAY)	EXPIRY DATE (YR./MO./DAY)	LIMITS OF LIABILITY BODILY INJURY & PROPERTY DAMAGE - INCLUSIVE
	COMMERCIAL GENERAL LIABILITY					
	UMBRELLA					
١	EXCESS					

Commercial General Liability - Occurrence Basis, Including Personal Injury, Property Damage, Contractual Liability, Non-Owned Automobile Liability, Owner's and Contractor's Protective Coverage, Products - Completed Operations, Contingent Employers Liability, Cross Liability Clause and Severability of Interest Clause

THE CORPORATION OF THE CITY OF BRAMPTON has been added as an additional insured under the Commercial General Liability Policy, but only with respect to its interest in the operations of the Named Insured.

This is to certify that the Policies of Insurance as described above have been issued by the undersigned to the insured named above and are in force at this time.

If this insurance is cancelled or materially changed so as to effect the coverage stated above, thirty(30) days prior written notice by registered mail will be given by the insurer(s) to:

The Corporation of the City of Brampton Attention: Sign Unit, Building Division 8850 McLaughlin Road, Unit 1 Brampton, Ontario L6Y 5T1

Phone: 905-874-2401 Fax: 905-874-2499

This certificate is executed and issued to the aforesaid Corporation of the City of Brampton, the day and date herein written below:

DATE	YR.	MO.	DAY	NAME OF INSURANCE COMPANY (not broker)		
Þ						
NAME OF IN	SURAN	CE BROK	ER	AUTHORIZED REPRESENTATIVE OR OFFICIAL		
				BY:		

*** THIS FORM MUST BE COMPLETED & SIGNED BY YOUR INSURANCE BROKER ***