

## SIGNAGE AUTHORIZATION CERTIFICATE REQUEST

### LOCATION

#### Address of the property

Name of the establishment

Civic n°

Street name

City

Province

Postal code

### IDENTIFICATION OF THE APPLICANT

**Applicant** *\*If the applicant is not the owner of the property, please fill up the proxy attached to this form.*

Last name

First name

#### Address of the applicant

Civic n°

Street name

City

Province

Postal code

#### Applicant's information

E-mail

Phone number

### PROFESSIONNALS ON THE PROJECT

#### (1) Fabricant

Address

E-mail

Name of the representative

Phone number

#### (2) Entrepreneur

Address

E-mail

Name of the representative

Phone number

RBQ licence n°

### DESCRIPTION OF WORK

Dimension of the sign :

Total cost of project :

Starting date of work :

Duration of work :

Signature of the applicant

Date

## REQUIRED DOCUMENTS

- **Application form;**
- **Proxy, if applicable;**
- **Certificate of location;**
- **Written declaration of the owner** stipulating that he/she approves the type of sign, its model, the location where it will be installed and the method of installation.
- **Confirmation of the conformity of occupancy** (to have a valid certificate of occupancy or an ongoing occupancy certificate request.)
- **Sign plans;**
- **Physical samples of the proposed materials and colors;**
- **Pictures of the building;**
- **Cost estimate**, signed and dated, including the professional services fees and taxes

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***NOTE : Projects modifying the exterior appearance of buildings needs to go through the CCU process and obtain a PIIA approved by the City Council.***

## PROXY

### OWNER'S INFORMATION

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Phone number

### ADDRESS OF THE IMPLICATED PROPERTY

\_\_\_\_\_  
Civic n°

\_\_\_\_\_  
Street name

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal code

\_\_\_\_\_  
Lot (s) n°

### AUTHORIZED REPRESENTATIVE'S INFORMATION

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Phone number

### ADDRESS OF THE REPRESENTATIVE

\_\_\_\_\_  
Civic n°

\_\_\_\_\_  
Street name

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal code

### OWNER'S AUTHORIZATION

*The owner authorizes his representative, named above, to submit to the Town of Mount Royal, one or more requests provided in the by-law, namely :*

- ☐ Consult my property's file (including the plans) and obtain a copy  
☐ Consult and obtain copy of the plans only  
☐ Complete an application for a permit or a certificate  
☐ Other request, please specify the nature :

\_\_\_\_\_  
Other request's specification

*The owner also authorizes his representatives, named above, to sign the documents and commitments required for the submission of this application for the property indicated above.*

### OWNER'S SIGNATURE

*I declare to be the owner of the building and I authorize my representative to submit to the Town of Mount Royal one or several application (s) as listed above.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date