



Town of Lake Cowichan Mural Permit Application

Permit No. _____
Receipt # _____

Location Front Left Side–Street Facing Right Side–Street Facing Other(specify) _____

APPLICANT INFORMATION	OWNER INFORMATION
Name	Name
Address	Address
City	City
Postal Code	Postal Code
Phone	Phone
Fax	Fax

APPLICATION CHECKLIST	
<input type="checkbox"/> Site Plan (must be to scale)	<input type="checkbox"/> Colored drawing of Proposed Mural – with dimensions/wording (if applicable)
<input type="checkbox"/> Current photograph of building	<input type="checkbox"/> Current State of Title Certificate or copy of lease agreement
<input type="checkbox"/> Building elevation drawings to scale	<input type="checkbox"/> Payment for sign permit

PROPERTY INFORMATION
Civic address of property:
Zoning of the Property:
Description of the existing use/development:

SIGN DETAILS

Full description of the proposed sign construction, including materials, size, form, appearance, location and number (use separate sheet if necessary): DURABLE, ANTI-GRAFFITI, WEATHER RESISTANT, ULTRA-VIOLET PROOF MATERIAL MUST BE USED

Description of Proposed Maintenance Schedule:

Estimated life of Mural: _____ months _____year(s)

Method of Removal:

Whether the proposed mural is in compliance with existing regulations as defined in the current Town of Lake Cowichan Sign Regulation Bylaw.

Reason in support of application

The information on this form is collected under the authority of the *Local Government Act*.

Mailing address: PO Box 860, Lake Cowichan BC V0R 2G0 Fax: 250-749-0281

SIGNATURE

Where the applicant is not the REGISTERED OWNER, the application must also be signed by the REGISTERED OWNER

I declare that all the above information is, to the best of my knowledge, true and correct in all respects.

Applicant's Signature

Date

This application is made with my full knowledge and consent.

Property Owner Signature

Date

OFFICE USE ONLY

REVIEWED AND PRELIMINARY APPROVAL GRANTED:

Building Inspector Signature

Date

Planning Officer / Chief Administrative Officer

Date

MURAL INSTALLATION COMPLETED:

Planning Officer / Building Official Signature

Date

FINAL APPROVAL:

Chief Administrative Officer

Date

THIS PERMIT IS **ONLY** VALID WHEN **FINAL APPROVAL** HAS BEEN ISSUED.