

	PERS – Mobile Sign Permit Application	Planning, Engineering and Regulatory Services
	Mobile Sign Permit Application	
Location of Mobile Sign		SECTION 1
Property Address _____ Company Advertising For _____		
Contact Information (To be completed by applicant)		SECTION 2
Contractor License Name _____ Company Trade Name _____ Contractor License Number _____ Mailing Address _____ Postal Code _____ Telephone (Work) _____ (Cell) _____ Email Address _____		
Property Owner Information		SECTION 3
Property Owner Name _____ Email _____ Mailing Address _____ Postal Code _____ Telephone (Daytime) _____ Fax _____		
Tenant / Client Information (if different from the property owner)		SECTION 4
Name _____ Mailing Address _____ Postal Code _____ Telephone (Daytime) _____ Email _____		
Permit Details		SECTION 5
New Application: Sign is not to be placed until the permit has been issued Renewal: Permit # _____		

Check List

SECTION 6

New Applications require a site plan for proposed sign location with location measurements
Copy of proposed media

Declaration of Applicant

SECTION 7

I hereby submit this application and confirm that the information supplied is, to the best of my knowledge, correct. I agree to comply with all City Regulations & By-Laws, agree to install the sign in accordance with the site plan approved by the City of St. John’s and not to commence installation without applicable written approval and permits from the City of St. John’s. I agree to ensure the sign is installed and maintained as per the conditions of the City of St. John’s Sign By-Law and the approved engineering design. It is the responsibility of the Mobile Sign Operator to have the sign removed or permit removed on/before the expiry date of the permit. Failure to comply may result in the sign being impounded by the City.

In addition, I acknowledge that I have reviewed the application and agree to provide and additional information requested and to pay all applicable fees as noted on the City’s fee schedule (www.stjohns.ca). To view these fees, please click on the link below that pertains to your application:

[Permit Fees and Rates - City of St Johns](#)

Applicant Signature _____ Date(yyyy-mm-dd) _____

Owner Signature _____ Date(yyyy-mm-dd) _____

Staff Signature _____ Date(yyyy-mm-dd) _____

Privacy Notice

SECTION 8

Collection of Personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process your application. Questions about the collection and use of the information may be directed to the Manager of the Regulatory Services Division, by email: building@stjohns.ca or by phone 709-576-8565.

Please send completed form to:

Access St. Johns
10 New Gower Street, P.O. Box 908
St. John’s, NL A1C 5M2

Email: access@stjohns.ca
Phone: (709) 754-2489 or 311
Fax: (709) 576-8160