



# 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 – contains dimensions and wording
<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 variation and/or supplementary to 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.