

Permit Requirements

Portable Signs – Production Home Builder A-frame Signs

Permit Application

1. **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



BUILDING DIVISION

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

PORTABLE SIGN PERMIT APPLICATION

DATE STAMP	APPLICATION NUMBER	
	ACCEPTED BY	BUILDING FILE #

TO THE DIRECTOR OF BUILDING: Pursuant to the City of Brampton Sign By-law 399-2002, as amended, the undersigned hereby 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	PLAN/CON	REFERENCE PLAN (If Applicable)	
PORTABLE SIGN TYPE	CLASS A - MOBILE SIGN <input type="radio"/>	CLASS C - INFLATABLE <input type="radio"/>	BUILDER'S A-FRAME SIGN <input type="radio"/>	# _____
	CLASS B - A-FRAME SIGN <input type="radio"/>	CLASS D - OTHER <input type="radio"/>	START DATE _____	
PROPERTY OWNER	NAME			
	STREET NO.	STREET NAME		UNIT NO. PHONE NO.
	CITY	PROVINCE	POSTAL CODE	FAX
TENANT OR OCCUPANT FOR WHICH THE SIGN IS DISPLAYED				PHONE NO.
PORTABLE SIGN CONTRACTOR / SUPPLIER	NAME			
	STREET NO.	STREET NAME		UNIT NO. PHONE NO.
	CITY	PROVINCE	POSTAL CODE	FAX NO.

APPLICANT'S DECLARATION

I, of	LAST NAME		FIRST NAME	PHONE NO.
	STREET NO.	STREET NAME		UNIT NO. FAX NO.
	CITY	PROVINCE	POSTAL CODE	MOBILE/PAGER NO.

Do hereby declare the following:

1. THAT I am

☐ the property owner as stated above
☐ the owner's authorized agent
☐ an officer/employee of _____ which is an authorized agent of the owner
2. THAT the statements made and the information provided herein are true and correct and are made and provided with full knowledge of the circumstances relating to this application
3. THAT I know of no reason why a permit should not be granted pursuant to this application
4. WHERE applicable only personnel licensed by the City of Brampton will be employed on this project

Applicant's Signature

Date

OFFICE USE ONLY

RECEIPT NO. <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Other FEES Permit Fee \$ Copies \$ Total Fee \$	EXPIRY DATE	REVIEWED BY SIGNATURE DATE
COMMENTS	NUMBER OF PERMITS ISSUED THIS YEAR _____ EXPIRY DATE OF LAST PERMIT ISSUED _____ # OF EXISTING SIGNS ON THE PROPERTY _____	
	ISSUANCE OF PERMIT AUTHORIZED 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

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.

NAME OF INSURED	TELEPHONE NUMBER	AREA CODE () -
ADDRESS OF INSURED	CITY	POSTAL CODE

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 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)
NAME OF INSURANCE BROKER	AUTHORIZED REPRESENTATIVE OR OFFICIAL BY:

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