

Lands Department 2460 Falcon Way Tsawwassen, BC V4M 4G4 Phone: 604-948-0694 www.tsawwassenfirstnation.com

SIGN PERMIT APPLICATION FORM

(Terms used in this application form have the meanings ascribed to them in the Sign Regulation)

Applicant Name:				
Applicant Status (Cont	ractor, Tenant, Owner, Other)			
Applicant Address:				
Phone No.: Email:				
Project Address:				
Sign Contractor:				
Contractor Address:				
Type of Sign: (check all that apply)	□ Freestanding	□ Fascia	Projecting	□ Temporary
	□ Changeable Copy	□ Wayfinding	Development	Illuminated
Copy (wording on	sign):			
Value of Sign: _\$ Sign Area (m ²):		Sign Height (m):		
This application must be accompanied by the drawings required by s. 5 (2) (d) and proof of insurance required by s. 5 (2) (e) of the Sign Regulation (2022), as amended from time to time. I/We hereby apply to Tsawwassen First Nation ("TFN") for the issuance of a Sign Permit under the provisions of the Sign Regulation (2022), as amended from time to time. By signature hereon, I/we declare that all information provided in the support of this application is true and correct. I/We fully understand that acceptance of a permit fee and/or the issuance of a sign permit by TFN is done solely to satisfy the requirements of the Sign Regulation (2022), as amended from time to time, and does not convey or imply assurance by TFN or its employees that I/we are in conformity with any or all other TFN laws or regulations. Signature of Applicant: Date:				
Parcel Occupier:			Date:	
(if different from Applicant)				
For Office Use Only				
Date Received:	File #:		Date Approved:	
Notes:				