



THE CORPORATION OF THE  
CITY OF ST. CATHARINES

www.stcatharines.ca

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**PLANNING AND BUILDING SERVICES**  
Building and Development Services

**SIGN VARIANCE**

AMANDA NO: \_\_\_\_\_ CF

The undersigned hereby applies to the Director of Planning and Building Services for the City of St. Catharines under By-law No. 2012-154 as amended, for relief, as described in this application.

**\*PLEASE PRINT\***

1. Name of Owner(s) \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

2. Address \_\_\_\_\_  
(Postal Code)

3. Name of Agent (if applicable) \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

4. Address \_\_\_\_\_  
(Postal Code)

NOTE: Unless otherwise requested, all communications will be sent to the owner (and agent, if applicable).

5. REASONS FOR VARIANCE(S):  
In justifying your request for sign variance(s), to the Director of Planning and Building Services, please explain what you are proposing and why the variance(s) is required. Add additional pages as required.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **SUPPORTING DOCUMENTATION:**  
Consider if the variance(s) has any impact on the surrounding area.  
If you wish, you can include pictures or photos with your application. Architectural and landscape plans and surveys are often helpful.

Please provide sufficient details to support your request (including drawings and/or photos).

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Signature of Owner (or Agent) \_\_\_\_\_

Signature of Owner \_\_\_\_\_

NOTE: The Owner(s) or the agent **must** be present at the meeting with the Director.

If the Owner(s) wishes to appoint an agent to act on their behalf, a letter appointing that agent must be provided by the Owner(s) to be included with this application.