

CLEAR HILLS COUNTY

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APPLICATION FOR SIGN PLACEMENT FOR RECREATIONAL & COMMUNITY FACILITY AND/OR A HISTORIC LANDMARK

FORM L

Page 1

FOR ADMINISTRATIVE USE ONLY

	 	 	_
PERMIT NO.:			
DATE RECEIVED:			

APPLICANT INFORMATION							
NAME OF A	ATTRACTIO	N			NAME OF APPLICANT		
ADDRESS OF ATTRACTION			ADDRESS				
POSTAL CO	DE	EMAIL			POSTAL CODE	EMAIL	
					CONTACT NUMBER	DC .	
		TION OF AT			CONTACT NUMBER	KS	
QTR/L.S.	SEC.	TWP.	RG.	M.	Home		
					Business		
				SITE INFO	Cell RMATION		
Distance fr	om the att	raction to t	he closest f	Provincial Hig	hway:	km from Highway No.	
					y. Examples are High	way No. 2, 64, 685. If possible	
.'	.	showing yo					
In the spac	e below, p	rovide ALL	elevant inf	ormation cor	ncerning your operat	ion, attraction or historical	
ianumark.							

Page 2

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RECREATIONAL AND COMMUNITY FACILITIES ONLY				
Hours and days of operation:	1/	Yearly opening period:		
FURTHER CRITERIA REQUIREME	NTS:			
	ial and federal laws regarding health, pub	lic safety, etc.?		
Maintain washroom facilities ar	e required by health authorities?	YES NO		
Provide adequate parking ?	☐ YES ☐ NO			
Provide wheelchair accessibility	, designated parking stall, easy building a	ccess?		
	ALL SIGNAGE REQUESTS			
I am requesting signs in the righ		· · · · · · · · · · · · · · · · · · ·		
In the space below, describe the (if possible provide diagrams an	e sign(s) you are requesting and where yond maps)	ou are requesting they be located.		
	DECLARATION			
I certify that the information pr	ovided is correct and understand that no	n-compliance with this application and		
program guidelines shall result	in removal of all County provided Recrea	tional directional signage.		
DATE:	SIGNATURE OF APPLICANT:			

Page 3

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LOCATION SKETCH					
PLEASE INDICATE TH	IE FOLLOWING ON YOUR SKETCH	H IF THEY API	PLY TO YOUR PROPOSED SIGN PLACE	MENT	
Location o	f Municipal Buildings		Setbacks from Municipal Road Allo	wance	
	rom Municipal Allowance		Setbacks from Highway Right-of-W		
THE SIGN PLACEMEN SETBACKS	NT SKETCH PLAN IS TO INCLUDE	DIMENSIONS	OF THE SIGN, AS WELL AS PROPOSE	D	
			·		
,					
DATE:	SIGNATURE OF APPI	LICANT:			
DATE	SIGNATURE OF REG	ISTERED LAND	OWNER:		