

ONT Application for a Temporary Sign Permit

This application form is authorized under Subsection 3.2 of Signs By-law #2024-066

A. Project Information	<u></u>	, , , , , , , , , , , , , , , , , , , ,		
Name of street(s) that sign will front		Name of signs provider		
Name of municipality who owns the property		Name of business/organization who is advertising		
B. Temporary Sign Details				
Description of wording that is to be included on sign				
Dimensions of sign				
C. Applicant Information				
Last name	First name	Corporation or partnership		
Street address	Province	Postal code		
Municipality	Phone	Email		
D. Required Schedules				
i) Schedule 1: Site Planii) Schedule 2: Insurance Informationiii) Schedule 3: Indemnification Declaration				
E. Declaration of Applicant				
I,, declare that: (Print name)				
documentation is true to the best2. If the Owner is a corporation or pa3. If the Temporary Sign is proposed t	of my knowledge. rtnership, I have the authority to bind to be Constructed on property that is w	vithin the jurisdiction of the United Counties of Stormont,		
Dundas & Glengarry (SDG Counties), I have read the SDG Counties Signs By-law and will construct the Temporary Sign in accordance with said by-law, in addition to the Township of South Stormont's Signs By-law.				
Date:	Signature:			



Schedule 1: Site Plan

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Schedule 2: Insurance Information

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Information Information

By making an application for this Permit, I, the Owner of the Sign which this Permit is being applied to Construct upon the subject lands, covenants and agrees to obtain and maintain until the expiry of the Permit or otherwise stated, provide the Corporation of the Township of South Stormont ("the Township") and the Corporation of the United Counties of Stormont, Dundas and Glengarry ("the SDG Counties") with evidence of:

- a) Commercial General Liability Insurance issued on an occurrence basis for an amount of not less than \$5,000,000 per occurrence / \$5,000,000 annual aggregate. Such insurance shall include, but is not limited to: bodily injury and property damage including loss of use; liquor liability; personal injury; contractual liability; premises, property & operations; non-owned automobile; broad form property damage; products & completed operations; owners & contractors protective; occurrence property damage; products; employees and volunteers as Additional Insured(s); contingent employers liability; cross liability and severability of interest clause;
- b) Such insurance shall add the Township and the SDG Counties as Additional Insured subject to a waiver of subrogation. This insurance shall be non-contributing with and apply as primary and not as excess of any insurance available to the Township and the SDG Counties;
- c) The Policy shown above shall not be cancelled unless the Insurer notifies the Township and the SDG Counties in writing at least thirty (30) days prior to the effective date of the cancellation. The insurance policy will be in a form and with a company which are, in all respects, acceptable to the Township and the SDG Counties;
- d) Any deductible applicable to the insurance shall be the sole responsibility of the Sign Owner and the Township and the SDG Counties will bear no cost; and
- e) Upon request, the Sign Owner shall provide the Township and the SDG Counties with a valid certificate of insurance.

Date:	Signature:



MONT Schedule 3: Indemnification Declaration

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Declaration of Indemnification

By making an application for this Permit, I, the Owner of the Sign which this Permit is being applied to Construct
upon the subject lands, hereby indemnifies and holds the Corporation of the Township of South Stormont ("the
Township") and the Corporation of the United Counties of Stormont, Dundas and Glengarry ("the SDG Counties"),
their officers, employees and those whom they are legally responsible harmless from and against any liability,
loss, claims, demands, costs and expenses, including reasonable legal fees, occasioned wholly or in part by any
negligent acts or omissions whether willful or otherwise by the Owner of the Sign, their officers, employees,
vendors or other persons for whom they are legally responsible.

Date:	Signature:	