

FEE: \$100 (Refundable Deposit)
Permit No. _____
Receipt No. _____

Town of Lake Cowichan Application for Election Sign Installation



Application for: ☐ Billboard(s) ☐ Lawn Sign(s) ☐ Poster(s) ☐ Other(specify) _____

APPLICANT INFORMATION	CANDIDATE INFORMATION
Name	Name
Address	Position: Please choose one of the following:
City	☐ Mayor
Postal Code	☐ Councillor
Phone	☐ School District Trustee
Email	☐ CVRD Electoral Area: F ☐ I ☐

ELECTION SIGN REQUIREMENTS

All election signs must comply with all current Town of Lake Cowichan Election and Signage Regulations and all applicable provisions of the **Local Government Act**.

By submitting this application, the applicant acknowledges and agrees that:

- Election signs must be placed only in permitted locations and in accordance with the bylaw.
- Signs placed on private property require the consent of the property owner.
- Signs are not displayed at or within 100 metres of a place where voting proceedings are being conducted (39 South Shore Road), as required under s.163(4) of the Local Government Act;
- Signs must not obstruct or create a hazard for pedestrians, cyclists, motorists, or emergency services.
- Signs must not interfere with any traffic-control devices, sightlines, intersections, or other safety requirements.
- Signs must be maintained in a safe and good condition for the duration of the election period.
- All election signs must be removed within the timeframe required by the bylaw by: October 21st, 2026.
- The applicant is responsible to ensure all signs associated with campaign comply with current signage Bylaw applicable by law. Further, signs found to be noncompliant may be subject to **removal and/or enforcement action** in accordance with the applicable bylaw.

ACKNOWLEDGEMENT

By signing, the applicant confirms that they have reviewed and agree to comply with all applicable Bylaws, Policies and any other signage requirements of the Town of Lake Cowichan.

Applicant Signature

Date

The information on this form is collected under the authority of the *Local Government Act*.

Mailing address: PO Box 860, Lake Cowichan BC V0R 2G0 Fax: 250-749-0281



OVER

SIGNATURE

I declare that all the information is, to the best of my knowledge, true and correct in all respects.

Applicant's Signature

Date

This application is made with my full knowledge and consent.

Candidate Signature

Date

OFFICE USE ONLY

Planning Officer / Chief Administrative Officer

Date

Bylaw/ Building Inspector

Date

THIS PERMIT AUTHORIZING COMMENCEMENT OF WORK IS ONLY VALID WHEN SIGNED BY THE TOWN OF LAKE COWICHAN.

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