

# SIGN PERMIT

City of Salinas • Department of Community Development • 200 Lincoln Ave • Salinas, CA 93901 • (831) 758-7206

## Sign Address/Location:

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Sign Company/ Contractor	Name: _____ Contact: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone:( ) _____ FAX:( ) _____
Business Owner	Name: _____ Contact: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone:( ) _____ FAX:( ) _____ Interest in Property: <input type="checkbox"/> Property Owner <input type="checkbox"/> Buyer <input type="checkbox"/> Lessee <input type="checkbox"/> Other: _____
Property Owner or Authorized Agent	Name: _____ Contact: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone:( ) _____ FAX:( ) _____

<u>Type of Sign</u>	<b>EXISTING SIGNS</b> <u>Location</u>	<u>Sq. Ft.*</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

See attachments.                      \*Count both sides of double face signs.

<b>PROPOSED SIGNS</b>		
<u>Type of Sign</u>	<u>Location</u>	<u>Sq. Ft.*</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<input type="checkbox"/> See attachments.		*Count both sides of double face signs.

<b>PROPOSED TEMPORARY SIGNS</b>		
<u>Type of Sign</u>	<u>Location</u>	<u>Sq. Ft.*</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<input type="checkbox"/> See attachments.		*Count both sides of double face signs.
Installation Date: _____	Removal Date: _____	

I/we declare under penalty of perjury that the information contained in this Permit, including any plans and documents submitted here with, are true and correct to the best of my/our knowledge. I/we further declare that I/we agree to the Standard Permit Conditions contained in Information Bulletin No. 8 attached here to and made part hereof, as published by the Department of Community Development.

Signature of Business Owner	Date	Signature of Property Owner <i>(If different)</i>	Date
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<i>To be completed by the Department of Community Development</i>		
Date Received: _____	By: _____	Fee Paid: _____
Approved By: _____	Date: _____	Permit No.: _____