

SIGN PERMIT

City of Salinas • Community Development Department • 65 West Alisal Street • Salinas, CA 93901 • (831) 758-7206

Site Address	Address: _____
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 <i>or</i> Authorized Agent	Name: _____ Contact: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: (____) _____ FAX: (____) _____

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

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

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

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

PROPOSED TEMPORARY SIGNS		
<u>Type of Sign</u>	<u>Location</u>	<u>Sq. Ft.*</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 herewith, 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. 9 attached hereto and made part hereof, as published by the Community Development Department.

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