



CITY OF ARVIN PLANNING & BUILDING DEPARTMENT

SIGN PERMIT APPLICATION

(The following information is required for the successful completion of your Sign Permit Application)

Section A – Applicant Information

Applicant Name: _____
 Business Name/Organization: _____
 Business Address: _____
 Mailing Address: _____
 Phone/Fax Number: _____

Section B – Property Information

APN: _____ Zoning Classification: _____
 Lot Frontage: _____ Building Frontage: _____
 Description of Existing or Proposed Use: _____

 Window Area (in Square Feet – if Window Sign is required): _____

Section C – Requested Signage & Materials

	Existing Signage (in Square Feet)	Proposed Signage (in Square Feet)	Total (in SF)	Max Allowed by Code: (City Use Only)
1. Wall	A. _____	_____	_____	_____
	B. _____	_____	_____	_____
	C. _____	_____	_____	_____
2. Monument	_____	_____	_____	_____
3. Pole	_____	_____	_____	_____
4. Window	A. _____	_____	_____	_____
	B. _____	_____	_____	_____
	C. _____	_____	_____	_____
5. Other	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

Maximum Signage Allowed: _____

Section D – Materials

Describe in detail all materials used in the proposed signage: _____

Section E – Checklist of Required Documents

1. A plot plan drawn to scale showing the boundary of the subject property, all existing and proposed signs, structures, landscaping, and all dimensions.
2. Sign Plans showing all measurements and color palette depicting all colors used in the signage.
3. Elevations showing location of signs that will be mounted or displayed.

To Be Completed By Property Owner Only

I/We the undersigned, state that I am/We are the Owner/Owners of the property described herein and hereby give my/our authorization to filing the application.

Name: _____ Name: _____

Signature: _____ Signature: _____

To Be Completed By Business Owner Only

TO THE BEST OF MY KNOWLEDGE, THE FOREGOING IS TRUE AND CORRECT AND ALL OF THE HEREIN DESCRIBED PLANS AND SPECIFICATIONS ARE ATTACHED HERETO AND MADE A PART OF THIS APPLICATION.

Date: _____ Signed: _____

Applicant's Name: _____

Address: _____

Phone: _____

Planning Department (City Use Only)

Date Received: _____

Fee Paid/Receipt Number _____

Date Approved: _____

Approved by: _____

Master Sign Plan Required (Y/N) _____

Planning Commission Approval Required (Y/N) _____

Meeting Date: _____

Comments: _____
