

8650 California Avenue
South Gate, Ca 90280
Phone: (323) 563-9526

SIGN PERMIT APPLICATION

PROJECT INFORMATION					
Project Address:					
Business Name:					
Please list all Existing and Proposed (New) signs for this business. Use the Table below.					
Existing	Proposed	Type of Sign (Ex. wall, monument, pole, etc.)	Size	Square Feet	Height
(Ex. 10x4 = 40 s.f) Total Square Footage of Signage:					
Project Valuation:					

PROPERTY OWNER INFORMATION			
Business Owner:			
Mailing Address:			
City, State, Zip:			
Telephone:		Email:	
<p>I declare under the penalty of perjury that the information provided on this application is true and correct; and that the attached diagrams are complete and are an accurate depiction of the sign(s) to be used on the above premises. Further, I understand that no additional sign(s) will be permitted unless approved by the Department of Community Development.</p>			
Property Owner's Signature: _____		Date: _____	
APPLICANT INFORMATION			
Property Owner:			
Mailing Address:			
City, State, Zip:			
Telephone:		Email:	
<p>I declare under the penalty of perjury that the information provided on this application is true and correct; and that the attached diagrams are complete and are an accurate depiction of the sign(s) to be used on the above premises. Further, I understand that no additional sign(s) will be permitted unless approved by the Department of Community Development.</p>			
Applicant's Signature: _____		Date: _____	

For Office Use Only		
Date Received: _____	Approved By: _____	Case No. _____
Notes:		