



# City of La Puente

15900 E. Main Street, La Puente, CA 91744 Telephone (626)855-1500 Fax (961)-4626

## **SIGN PERMIT APPLICATION**

In order for City Staff to expeditiously process your application, it must be complete and include all requested information. Incomplete applications cannot be processed. Please check the following items that have been included with this application form:

Application Fee: \$140.23 (City Council Resolution 15-5191)

Three Sets (3) of Sign Plans and Elevations indicating:

- a. Letter style, color, and materials of construction.
- b. Elevation (side) of the building showing where the sign is to be placed.

The Planning Division reserves the right to request any additional information which it feels is pertinent to the review of the proposed sign(s).

Address of Proposed Sign(s): \_\_\_\_\_

Zone Classification of the Property: \_\_\_\_\_

### **PROPOSED SIGN(S)**

<b>Length of Bldg. Frontage</b>	<b>Sign Dimensions</b>	<b>Sign Area</b>	<b>Sign Text</b>

### **APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

Name of Property Owner: \_\_\_\_\_

Property Owner's address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

Telephone No: (\_\_\_\_\_) \_\_\_\_\_

**Property Manager or Owner's approval:**

I, \_\_\_\_\_, (owner, manager) of the property located  
(PRINT NAME) (circle one)

at \_\_\_\_\_, am aware and approve of the  
(ADDRESS)

sign(s) described and requested in this application.

\_\_\_\_\_  
(SIGNATURE)

.....

**FOR STAFF USE ONLY**

DATE: \_\_\_\_\_

APPROVED

DENIED

Approved by: \_\_\_\_\_