



Help Line: 916-264-5011 CityofSacramento.org/dsd

## **Sign Permit Application**

Permit #: SIG-							Insp. Area:					
						Job V		aluation:		\$		
Require	ed Information:											
Zoning	:	DR-PI	B/PUD/	SC:				P/ZAF	ile:			
Sign Ad	ddress:							APN#				
Sign Ap	plicant: (Proper	ty Owr	ner or Li	censed	d Contra	actor)						
Name:							E-mail:					
Addres							Phone:					
Contractors License #:						Clas	s:					
Tenant	Bldg. Frontage			linea	lineal feet		el Street	Frontage			lineal feet	
Sian T	Tog I D. Number		hed(A)	Unial	-4 V	Vidth	Sign A		umin.		Sign Conv	
Sign Tag I.D. Number		Detached(D)		Heigh	gnt width		(SF	SF). (Y or N		Sign Copy		
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Required Plan Review Approval: Structural						Electrical			Design Review			
	Final Sign Insp	inal Sign Inspection					Approved By			Date		
10	Footing											
29	Signs-Building I											
79	Signs-Electrical											
N/A	Special Inspecti	on										
FEES Submittal Fee: \$100.00 per Total Sign Permit Fees: See Development Fe								Inspection	Line	: (916) 808-7	7622	
Cashier	Fee Type						ount Approved by:					
3 2.2	Sign Application							V				
	Other							^				
	Sign Fee Balance	)						Date:				
TOTAL												

THIS SIGN PERMIT SHALL EXPIRE BY LIMITATION IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 60 DAYS

Please note that once this application is submitted to the City of Sacramento, your information may be subject to public record; however, the City will not sell your data or information for any purposes.