*File No.*_____
Date: _____
(Office Use Only)

CITY OF ARVIN
City of Arvin Planning Department
200 Campus Drive
P.O. Box 548
Arvin, CA 93203
Telephone (661) 854-3134
Fax (661) 854-0817

SIGN PERMIT APPLICATION

1. Type of Sign (check all that apply):

☐ Wall Sign ☐ Monument Sign ☐ Freestanding Sign

☐ Master Sign Program ☐ Other:_____

2. Submittal Requirements

All item identified below must be included in the application packet. If any items are missing, the application will not be accepted.

ACCEPTANCE OF AN APPLICATION DOES NOT GUARANTEE PROJECT APPROVAL.

☐ Completed Sign Review Application

☐ Two (2) copies of Site Plan – Show all existing signs on premises (if any) including the dimensions and location on the property, indicated if signs are to be removed and/or replaced.

☐ Two (2) copies of Proposed Sign: Sign Copy, Color, Height, Width, Dimensions, Location, setbacks, and placement on building(s).

☐ Payment of Filing Fees (contact the Community Development Department for fees due)

3. Planning Division Review – Action:

☐ Approved ☐ Conditionally Approved ☐ Disapproved

Notes:_____

_____

_____

_____

CONSENT OF APPLICANT AND PROPERTY OWNER: The consent of the applicant and property owner, if not the applicant, is required for filing an application for a land use development permit within the City of Arvin. The signatures of the applicant and property owner(s) below constitute consent for filing of this application.

INCOMPLETE APPLICATIONS: The completeness of this application, which includes accompanying plans, shall be subject to the review of the Community Development Department. Applications for any of the above listed actions, and other actions as deemed necessary by the Community Development Department, shall be considered incomplete pending a completeness review.

3. General Information

Project Information

Name of Business:_____

Address:_____Phone Number:_____

APN(s):_____Business License Number:_____

Zone District:_____General Plan Land Use:_____

Existing Use of Property:._____

_____

Applicant Information

Name of Applicant:_____

Address:_____Email Address (optional):_____

Phone Number:_____ Fax Number (optional):_____

Signature:_____

Property Owner Information

Name of Property Owner:_____

Address :_____EmailAddress (optional):_____

Phone Number:_____Fax Number (optional):_____

Signature:_____

Signature:_____