# APPLICATION FOR SIGN PERMIT

**TOWN OF LOS GATOS - COMMUNITY DEVELOPMENT DEPT.**
**Civic Center: 110 E. Main Street, Los Gatos, CA 95032**
**Phone: (408) 354-6874 FAX: (408) 354-7593**
**Mailing Address: P.O. Box 949, Los Gatos CA 95031**

| | |
|---|---|
| **Permanent Sign:** | **$287.28** |
| **Temporary Sign:** | **$ 60.42** |
| **Change of Face:** | **$118.56** |
| **Sign Program:** | **$1362.30** |

## Please Type or Print Clearly

Applicants are advised to review Chapters 29.10.105 - 29.10.135 of Zoning Ordinance prior to filing an application for sign permit

1. Building Address _____ Zone _____
2. Present Use _____ Assessor's Parcel Number(s) _____
3. Street Frontage: Street Name(s) _____
4. If this is in a Shopping Center, is there a sign program? Yes _____ No _____
5. Business Frontage (ft.): Primary Business frontage: _____
   Secondary business frontage: _____
6. Type of Sign Requested: _____
   (attached, time and temperature, ground, freestanding, attraction board, etc.)
7. Sign Area (sq. ft.) per face: _____ Total _____ (ft.)
   * (NOTE: For individual channeled letters, a six (6) inch margin around the letters will be included in the total sign area)
8. Sign Height (if freestanding or ground sign) _____ (ft.)
9. Overhead Clearance (if projecting or marquee sign) _____ (ft.)
10. Sign Materials (i.e., wood, metal canister, plastic, etc.) _____
11. Describe illumination (if any) _____ Intensity _____
12. Is the application to modify a nonconforming sign? Yes _____ No _____
13. Is the application to erect a temporary sign? Yes _____ No _____
    Date temporary sign will be removed? _____
14. On reverse side (or on separate 8½ X 11) prepare a sketch of the sign(s) showing dimensions, copy, colors and placement on the building. If the sign is a freestanding or ground sign, prepare a plot plan for the property which clearly indicates sign placement.
15. Are there existing signs on the parcel that will remain? Yes _____ No _____
    If yes, attach an inventory of all existing signs. The inventory must include the size and the location on the building or property. (The inventory of signs need not be done for shopping centers of more than 30,000 sq. ft. or building area.)
16. Attach photographs of each wall upon which sign is requested, or each location.
17. _____ _____ _____
    Name of Applicant — Address, City, State, Zip — Phone Number
18. _____ _____ _____
    Name of Property Owner — Address, City, State, Zip — Phone Number

**Applicants' Signature** _____ **Date:** _____

**Property Owner's Signature** _____ **Date:** _____

**(FOR DEPARTMENT AUTHORIZATION)**

Sign(s) permitted by section(s) _____ of the Zoning Ordinance.
Approval granted: Yes _____ No _____

_____ _____ _____ _____
Planning Division Authorization — Date — Receipt No. — Sign Permit No.

**COMMENTS: Building or electrical permit(s) may be required to erect signs authorized by this permit.**

**DO NOT WRITE BELOW THIS LINE**

| | | PTRACPLN | PLANAP | TOTAL |
|---|---|---|---|---|
| PLANSGN1 | $ 252.00 | $10.08 | $ 25.20 | $ 287.28 |
| PLANSGN2 | $ 53.00 | $ 2.12 | $ 5.30 | $ 60.42 |
| PLANSGN3 | $ 104.00 | $ 4.16 | $ 10.40 | $ 118.56 |
| PLANSGN4 | $1195.00 | $47.80 | $119.50 | $1362.30 |

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