

APPLICATION FOR SIGN PERMIT

TOWN OF LOS GATOS - COMMUNITY DEVELOPMENT DEPT.
Civic Center: 110 E. Main Street, Los Gatos, CA 95030
Phone: (408) 354-6874

Permanent Sign: \$406.98
Temporary Sign: \$129.96
Change of Face: \$202.92
Sign Program: \$2,724.60

Building Address: _____ Zone: _____

Present Use: _____ Assessor's Parcel Number(s): _____

Street Frontage: Street Name(s): _____

Business Frontage (ft.): Primary Business frontage: _____ (ft.)

Secondary business frontage: _____ (ft.)

Type of Sign Requested: _____
 (Attached, time and temperature, ground, freestanding, attraction board, etc.)

Sign Area (sq.ft.) per face: _____ Total: _____ (sq.ft.)

* (NOTE: For individual channeled letters, a six (6) inch margin around the letters will be included in the total sign area)

Sign Height (if freestanding or ground sign): _____ (ft.)

Overhead Clearance (if projecting or marquee sign): _____ (ft.)

Sign Materials (i.e., wood, metal canister, plastic, etc.): _____

Describe illumination (if any): _____ Intensity: _____

Is the application in conformance with LG Town Code Chapter 29? Yes _____ No _____

Is the application in conformance with the Commercial Design Guidelines? Yes _____ No _____

If applicable; is the application in conformance with the Sign Program? Yes _____ No _____

Is the application to modify a nonconforming sign? Yes _____ No _____

Is the application to erect a temporary sign? Yes _____ No _____

Date temporary sign will be removed? _____

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.

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.)

Attach photographs of each wall upon which sign is requested, or each location.

 Name of Applicant Address State Zip

 E-mail Address Phone Number

I hereby certify under penalty of perjury that all application materials and plans are true and correct.

Applicant's Signature: _____ **Date:** _____

 Name of Property Owner Address, City, State, Zip Phone Number

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

DO NOT WRITE BELOW THIS LINE (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.

	PLPERMIT	PLTRACK	PLANAP	TOTAL
New Permanent	\$357.00	\$14.28	\$35.70	\$406.98
Temporary Nonresidential	\$114.00	\$4.56	\$11.40	\$129.96
Change of Face Only	\$178.00	\$7.12	\$17.80	\$202.92
Sign Program	\$2,390.00	\$95.60	\$239.00	\$2,724.60