City of Angels
Planning Department

200 B Monte Verda Street
Angels Camp, CA 95222
(209) 736-1346 (phone) ♦ (209) 736-9048 (fax)

SIGN PERMIT APPLICATION

Name of Business: _____
(for which sign is proposed)

Project Site Address: _____

Assessor's Parcel Number(s): _____

Property Owner's Name: _____

Phone: ( )_____ **Fax:** ( )_____ **E-Mail:**_____

Mailing Address: _____

Business Owner's Name:_____**City of Angels Bus. Lic.#**_____
(If other than owner)

Phone: ( )_____ **Fax:** ( )_____ **E-Mail:**_____

Mailing Address: _____

Applicant's Name: _____
(If other than owner or business owner)

Phone: ( )_____ **Fax:** ( )_____ **E-Mail:**_____

Mailing Address: _____

---

1. ☐ New Sign *or* ☐ Alter Existing Sign *or* ☐ Relocating Existing Sign or ☐ Sign Variance

2. A. Length of Building Frontage (feet) _____

   B. Height of Building Front (feet) _____
   (excluding parapets and/or false fronts)

3. Total Square Footage of Proposed Sign(s)_____

4. A. Number of Existing Signs _____

   B. Total Square Footage of Existing Signs _____

   C. Will Existing Signs be Removed? _____

5. Is the property subject to a Master Sign Plan? _____

OVER

I hereby certify that I own the subject property, and do agree to grant permission to the business owner to apply for signage for their business.

_____ _____

Signature of Property Owner **Date**

I hereby certify that I own the business and agree to pay fees as specified in the City of Angels Application Fees schedule. Furthermore, I agree to comply with Chapter 15.12 of City of Angels Municipal Code and all other applicable regulations and am familiar with the requirements that apply to this application. I understand that incomplete applications or those not in compliance with the Municipal Code will not be scheduled for review and will be returned to the Applicant.

_____ _____

Signature of Business Owner **Date**

Both property owner & business owner agree that all signs will be removed within seven (7) days of business closure. If not done in thirty (30) days, property owner will be cited.

OR

_____ _____

Signature of Applicant/Agent **Date**

(If other than owner or business owner)

PLEASE NOTE THAT A BUILDING PERMIT MAY BE REQUIRED FOR SIGN INSTALLATION

For Office Use Only:

Fee Due: _____

Date Received:_____ **By:**_____

Check No.: _____

SIGN PERMIT APPLICATION REQUIRED SUBMITTALS

1. **Provide one copy of the sign elevation drawn to a minimum of 1/2″ = 1′- 0″ on 8-1/2″ by 11″ or 11″ by 17″ paper.** Include: a) accurate dimensions of sign, b) size of lettering, c) colors of background and lettering, d) location on building, e) location and type of external lighting, and f) height above finish grade. For pole signs and freestanding signs, submit a site plan, drawn at 1/8″ = 1 foot or 1″ = 10 feet, showing location of the building, property lines, sidewalks, streets and driveways, any easements and the location of the proposed sign. Applications without above requirements a) through f) will not be processed.

2. **Checklist (see below)**

3. **Photograph(s) of building showing where the sign(s) will be located**

SIGN CHECKLIST:

Sign Materials

- ☐ Metal
- ☐ Wood
- ☐ Plastic
- ☐ Painted Wall or Window
- ☐ Other _____

Sign Lighting

- ☐ Spotlight
- ☐ Back-lit
- ☐ Neon
- ☐ Other _____
- ☐ No lighting proposed

SIGN TYPE

- ☐ Pole Sign **(requires conditional use permit)**
- ☐ Free Standing
- ☐ Hanging
- ☐ Wall
- ☐ Window
- ☐ Other:_____

ACTION:

(For Office Use Only)

Planning Commission

- ☐ Approved
- ☐ Approved with conditions
- ☐ Denied

Planning Staff

- ☐ Approved
- ☐ Approved with conditions
- ☐ Denied

Planning Director:_____ Date: _____

Referred to Building Department: _____