



CITY OF ARCADIA
APPLICATION FOR A SIGN PERMIT – INSPECTION

PLEASE PRINT

Date ___/___/___

Owner _____ Business Name _____

Contractor's License _____ Phone (____) _____

Address _____

Strap _____ Sq Ft of existing signs _____ Road Frontage in lineal ft _____

Type of Sign _____ Zoning District _____

Table with 5 columns: SIGN CONSTRUCTION, SIGN TYPE, SIGN ACTION, SIGN CLASS, SETBACKS. Includes options like 1 Single Face, 2 Double Face, M Portable, W Wall, G Ground, O Other, E Erect, A Alter, R Repair, M Move, O Other, Permanent, Temporary, Ground Signs Only, Front, Side, Height, Area.

Any sign over 10' (ten feet) in height must setback at least 1' (one foot) for every one foot over 10'.

I, _____ (applicant) do attest that the above is accurate and completed. Any structures built pursuant to an invalidated permit shall be removed or, if possible, a new application may be filed and permits issued.

Signature of Applicant _____

Telephone Number _____

I, _____ (property owner) do attest that _____ (applicant) is seeking a sign permit for property located at _____ as the property's owner I accept responsibility in ensuring the provisions of the City's sign regulations and subsequent approved permit are met.

Signature of Property Owner _____

Telephone Number _____

*****CITY USE ONLY – DO NOT WRITE BELOW THIS LINE*****

Is the property within a transitional, historic, or otherwise unique development zone? _____
Is a special exception or variance required for approval of this sign permit request? _____
If yes, applicant shall be informed by individual designated to review application.

SITE CHECK:
Date: _____ Address Displayed: _____ Permit # _____
Comments: _____
Inventory Number Assigned: _____ By: _____ (signature)