



# Community Development Department Planning Division

## SIGN REVIEW APPLICATION FORM

**\*\* Applications are only accepted between the hours of 8:30 – 9:30 a.m. and 1:00 – 2:00 p.m.  
To schedule an appointment outside of these hours, please call 707-746-4280.**

### 1. Basic Information.

Project Name \_\_\_\_\_  
Address/location \_\_\_\_\_ APN(s) \_\_\_\_\_

### 2. Contact Information.

#### Property Owner

Name \_\_\_\_\_ Organization \_\_\_\_\_  
Mailing address \_\_\_\_\_ Fax \_\_\_\_\_  
Phone \_\_\_\_\_ Phone (2) \_\_\_\_\_ E-mail \_\_\_\_\_

#### Applicant, if different from owner

Name \_\_\_\_\_ Organization \_\_\_\_\_  
Mailing address \_\_\_\_\_ Fax \_\_\_\_\_  
Phone \_\_\_\_\_ Phone (2) \_\_\_\_\_ E-mail \_\_\_\_\_

#### Designer

Business \_\_\_\_\_ Individual's Name \_\_\_\_\_  
Mailing address \_\_\_\_\_ Fax \_\_\_\_\_  
Phone \_\_\_\_\_ Phone (2) \_\_\_\_\_ E-mail \_\_\_\_\_

### 3. Project Description and required drawings/photographs:

Provide drawings and/or photographs showing the length of the building or portion of the building for which the sign is being sought and include the proposed sign with dimensions, design, color and location on the building. Include the location and size of all existing signs on the building.

**Location of sign/s** (Describe here and note on attached drawings/photographs) \_\_\_\_\_  
\_\_\_\_\_

	Sign 1/Primary sign	Sign 2 (use if necessary)
<b>Sign type</b> (freestanding, shingle, projecting, wall-mounted, hanging, canopy, etc.)	_____	_____
<b>Proposed size</b> (height, width, depth)	H: _____ W: _____ D: _____	H: _____ W: _____ D: _____
<b>Proposed sign area</b> (square feet)	_____	_____
<b>Width of Building Frontage</b> (linear ft.)	_____	_____
<b>Construction type</b> (ICL, MDO, etc.)	_____	_____
<b>Color</b>		
Background	_____	_____
Lettering	_____	_____
<b>Type of illumination</b>	_____	_____
<b>Other information/Conditions</b>	_____	

### 4. Signatures. Both signature lines must be signed, even if the applicant and property owner are the same.

Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Property Owner \_\_\_\_\_ Date \_\_\_\_\_

**For Staff Use:** Appl. # \_\_\_\_\_ In Historic District?  Date Filed \_\_\_\_\_  
Date Entered \_\_\_\_\_ Entered By \_\_\_\_\_ Receipt # \_\_\_\_\_ Total Fees Paid \$ 150