

PLANNING FEE: \$0

BUILDING PERMIT NO. _____



CITY OF LAKEPORT
225 Park St., Lakeport, CA 95453
(707) 263-5613 x20

APPLICATION FOR SIGN APPROVAL

NAME: _____ DATE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____ PHONE: _____

EMAIL: _____ SIGN CONTRACTOR: _____

PROPOSED LOCATION (STREET ADDRESS): _____

APN: _____ ZONING DISTRICT: _____

DESCRIPTION OF SIGN(S):

NUMBER OF SIGNS, EXACT DIMENSIONS OF EACH SIGN, MATERIALS AND COLORS—ATTACH SEPARATE PLAN IF NECESSARY:

PLACEMENT LOCATION:

A SIMPLE SKETCH/DRAWING SHOWING THE LOCATION OF THE PROPOSED SIGN(S) IS RECOMMENDED.

FRONT OF BUILDING: YES ___ NO ___

SIDE OF BUILDING: YES ___ NO ___

FREE STANDING*: YES ___ NO ___

**New freestanding signs are subject to Planning Commission approval. See Planning Dept. staff for more information.*

TYPE OF BUSINESS:

CITY USE ONLY:

PERMIT APPROVED _____ DENIED _____ DATE _____

FINDINGS _____

SIGNED _____ TITLE _____