ZONE CLEARANCE - SIGN REVIEW APPLICATION

Development and Resource Management Department
2600 Fresno Street • Room 3043
Fresno, California 93721-3604
(559) 621-8277   FAX (559) 498-1026

Please Reply To:
Development Services Division

Site Address

Name of Business

APN _______ – _______ – _______ Zone District: _____________ Related MSP or Special Permit: ____________

A Sign Review Application must include three (3) copies of each of the following exhibits with requested information:

1. A site plan showing how the property is developed and where on the site the freestanding signs will be located.
2. Building elevation drawings. These drawings will show the dimensions of the building, and will show the location of each sign on that building. A separate drawing shall be submitted for each sign attached to the building.
3. A dimensioned drawing of the sign itself shall be submitted showing the proposed content of the sign and the size of the lettering.

APPLICANT -- PLEASE FILL-IN THE FOLLOWING REQUESTED INFORMATION:

<table>
<thead>
<tr>
<th>NUMBER AND TYPE OF SIGN(S):</th>
<th>WALL __________</th>
<th>FREESTANDING __________</th>
<th>MONUMENT __________</th>
</tr>
</thead>
</table>

FOR WALL SIGNS:
Area of wall (in square feet) where sign is to be mounted: North _____ South _____ East _____ West _____

Dimensions of proposed sign(s):

<table>
<thead>
<tr>
<th>Width (in feet)</th>
<th>Height (in feet)</th>
<th>Area (total square feet)</th>
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</thead>
<tbody>
<tr>
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</table>

FOR FREESTANDING SIGNS:
Minimum setback from __________ (public street name) _____ ft. Area of sign (in sq. ft.): D __________ D __________

Other setback(s): _____ ft. along __________ ________________ Height (in sq. ft.) of sign structure(s): D __________ D __________

ANY OTHER NOTATIONS OF INTEREST:

Property Owner /Authorized Rep. ___________________________ Signature: ______________________
Address _____________________________ Phone No. (_____) __________
City _____________________________ State ______ ZIP ______ FAX No. (_____) __________

Sign Company/Applicant ___________________________ Signature: ______________________
Address _____________________________ Phone No. (_____) __________
City _____________________________ State ______ ZIP ______ FAX No. (_____) __________

Staff Only Below This Line:

Received by: __________ Date: __________ Fee: $ __________ HTE No. PZ- __________

Planner: ___________________________ Date: __________ Action: __________________

Application No. SR- ________________

Updated 07/27/17