



APPLICATION FOR SIGN REVIEW

Planning and Development Department
2600 Fresno Street - Room 3043
Fresno, California 93721-3604
(559) 621-8277 FAX (559) 488-1020

Please Reply To:

Planning Division
Project Evaluation Section

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:

NUMBER & TYPE OF SIGN(S): WALL _____ FREESTANDING _____ MONUMENT _____

FOR WALL SIGNS:

Area of wall (in sq. ft.) where sign is to be mounted: North _____ South _____ East _____ West _____

Table with 4 columns: Dimensions of proposed sign(s), Width (in ft.), Height (in ft.), Area (total sq. ft.). Rows for n, s, e, w.

FOR FREESTANDING SIGNS:

Minimum setback from _____ (public street name), _____ ft. Area of sign (in sq. ft.): ① _____ ② _____

Other setback(s): _____ ft. along _____ Height (in sq. ft.) of sign structure(s): ① _____ ② _____

FOR MONUMENT SIGNS:

Minimum setback from _____ (public street name), _____ ft. Area of sign (in sq. ft.): ① _____ ② _____

Other setback(s): _____ ft. along _____ Height (in sq. ft.) of sign structure(s): ① _____ ② _____

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- _____

Senior Planner: _____ Date: _____ Action: _____

Application No. SR- _____