



City of Camarillo
 Department of Community Development
SIGN PERMIT
 Application

SUBMITTAL	City of Camarillo Department of Community Development 601 Carmen Drive P.O. Box 248 Camarillo, CA 93011-0248 Phone: 805.388.5360; Fax: 805.388.5388 Email: comdevemail@cityofcamarillo.org	APPLICATION <small>Staff Use</small>	Fee _____ Received by _____ Date Filed _____ HTE No. _____ <i>(Keep Receipt with Application)</i>
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NOTE	<ul style="list-style-type: none"> ◆ Please review the requested proposal with the Department of Community Development for Ordinance requirements and consistency with master sign programs prior to submittal. ◆ In completing the application form, please be accurate and complete. If you should have questions or require assistance, contact the Department of Community Development. ◆ A sign permit is required prior to the painting or manufacturing of a sign. ◆ A permit from the Department of Building and Safety may be required. ◆ A Final Compliance Inspection form is required from the Community Development Department. ◆ Only complete applications will be accepted. Submittal of an incomplete application will delay the review process. ◆ Applications that are complete are usually processed within 2-3 business days. The approved permit will be mailed to the applicant unless requested to be picked up.
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APPLICANT	<p>APPLICANT (Sign Company or other) _____</p> <p>Contact Person _____</p> <p>Email _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone (8 am – 5 pm) _____ Cell _____ Fax _____</p> <p>➤ Business name (for sign) _____</p> <p>➤ Shopping Center (if applicable) _____</p> <p>➤ Business Property Address _____ Suite # _____</p> <p>➤ <u>Copy of approved sign permit to go to:</u></p> <p><input type="checkbox"/> Applicant; OR <input type="checkbox"/> _____ (ATTN:)</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <hr style="border-top: 1px dashed black;"/> <p>Current zoning of property _____ Previous tenant _____</p> <p><u>Existing signs:</u> Size _____ How Many _____</p> <p> # to be retained _____ # to be removed _____</p> <p>Nearest cross street(s) _____</p> <p>Building frontage _____ Parcel frontage _____</p>
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DESCRIPTION OF SIGN

Dimension of sign(s) _____ Sign Area _____ sq. ft.

_____ Sign Area _____ sq. ft.

Description of sign (include colors, material, letter style, background, type of illumination, type and color of cabinet, on site, single-faced/double-faced, wall sign/monument sign, etc.):

➤ Signature of applicant _____ Date _____

➤ Signature of business owner _____ Date _____

➤ Signature of property owner/manager _____ Date _____

INFORMATION

Please provide the following support information:

1. Plot plan of property including dimensions of the parcel and buildings and location of sign.
2. Dimensioned drawing of the proposed sign and its location on the building façade.
3. Location and dimensions of all other existing signs.
4. Copy of shop drawings for additional detail and reference.

→ NOTE ←

NO PROJECT APPLICATION WILL BE CONSIDERED COMPLETE UNLESS ALL THE MATERIALS ARE PROVIDED. ADDITIONAL MATERIALS MAY BE REQUIRED DEPENDING ON THE NATURE AND LOCATION OF THE REQUEST.

Staff Use	LIST
<input type="checkbox"/> required	Permit from the Department of Building and Safety.
<input type="checkbox"/> received	Plot plan of property including dimensions of the parcel and buildings.
<input type="checkbox"/> received	Dimensioned drawing of the proposed sign and its location on the building façade.
<input type="checkbox"/> received	Location and dimensions of all other existing signs.
<input type="checkbox"/> received	Copy of shop drawings for additional detail and reference.
<input type="checkbox"/> received	Other _____

Notes _____

EXHIBIT

Please use this area to provide the following information:

- 1. A drawing of the building elevation with the proposed sign and its location.
- 2. Indicate all existing signs.
- 3. Specify the color and sign materials. A sample may be required.
- 4. Attach copy of shop drawing in addition to the drawings required here.

CITY STAFF USE

Case No. / Applicable Master Sign Program _____

Existing sign area _____ Permitted Sign Area _____

Conditions _____

AUTHORIZATION: APPROVED / DENIED

Signed _____ Date _____

Copy sent / Given to _____ Staff Initials _____ Date _____