



**SIGN PERMIT APPLICATION**

Map: _____	Lot: _____	Zoning District: _____	Number of Currently Existing Signs: _____
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Location Address: \_\_\_\_\_  
 Name of Business: \_\_\_\_\_

Applicant(s) Name: \_\_\_\_\_  
 Applicant Address and Contact Telephone Number(s): \_\_\_\_\_

Property Owner(s) Name: \_\_\_\_\_  
 Property Owner(s) Address and Contact Telephone Number(s): \_\_\_\_\_

Type of Exterior Sign Being Requested:				
<input type="checkbox"/> Affixed	<input type="checkbox"/> Hanging	<input type="checkbox"/> Freestanding	<input type="checkbox"/> * <b>Historic District</b>	<input type="checkbox"/> Home Occupation
<b>* Applicants within the Historic District must provide a signed Certificate of Appropriateness with supporting documentation.</b>				

Number of Signs: \_\_\_\_\_ Square Feet Each Sign: \_\_\_\_\_ Total (Combined) Square Footage: \_\_\_\_\_

General Information:	Yes	No
Does the proposed sign(s) replace any existing signage?		
Will the proposed sign(s) be illuminated?		
Will the proposed sign(s) be suspended over a public Right-of -Way?		
Will the proposed sign(s) be located on a corner lot?		

**This completed application must be submitted with a set of plans showing:**

- Site location
- Sign size, colors, design
- Lettering design, size and type
- Method of illumination
- Type of materials to be used in construction

*I hereby certify that the owner of record authorizes the proposed work and I have been authorized by the owner to make this application as his agent, and we agree to conform to all applicable laws of the City of Claremont. I hereby declare that all statements made on this application are true to the best of my knowledge and authorize agents of the City of Claremont to enter upon the property for purpose of inspection. Applicants are advised that the making of a false statement on this form is a criminal offense.*

Applicant(s) Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY	
<input type="checkbox"/> <b>Approved for Sign Permit Issuance</b>	
Approval Condition(s): _____	
<input type="checkbox"/> <b>Application Denied</b>	
Reason(s) for Denial: _____	
Signature of Zoning Administrator: _____	Date: _____
<b>Building Inspection Required - <input type="checkbox"/> Yes , <input type="checkbox"/> No</b>	<b>Electric Permit Required - <input type="checkbox"/> Yes , <input type="checkbox"/> No</b>

## CITY OFFICIAL PORTION OF APPLICATION

*The following sections are to be completed by City Administration.  
Applicants please disregard and complete front of form only.*

Permit Type	Fees	Approved or Denied	Date	By (Name)
Planning/Subdivision <input type="checkbox"/>				
Zoning <input type="checkbox"/>				
Health Officer <input type="checkbox"/>				
Building Permit <input type="checkbox"/>				
Electric Permit <input type="checkbox"/>				
Plumbing Permit <input type="checkbox"/>				

Additional Permit Information:		
Residential: _____	Commercial: _____	Use Group: _____
Construction Type: _____	Living Load: _____	Occupancy Load: _____

This Building Permit Is:	
<input type="checkbox"/> <b>ISSUED</b> subject to the following condition (s):      	<input type="checkbox"/> <b>DENIED</b> for the following reason (s):      
<b>Signature of Building Inspector or Designee:</b> _____ <b>Date:</b> _____	

Certificate of Occupancy:	
<input type="checkbox"/> <b>REQUIRED</b>	<input type="checkbox"/> <b>NOT REQUIRED</b>

A Certificate of Occupancy will not be issued until all Department of Public Works permits have been issued and fees have been paid.

Plan Information:	
<input type="checkbox"/> <b>Plans Required and Received</b>	<input type="checkbox"/> <b>Plans NOT Required</b>
<b>Signature of Person Receiving Plans:</b> _____	<b>Date:</b> _____