



SIGN PERMIT APPLICATION

(FOR USE WITH SIGNS IN APPROVED SIGN PROGRAMS, SIMPLE STAFF LEVEL SIGNS, OR SIGN FACE CHANGE OUTS)

CITY OF CLAREMONT
DEPARTMENT OF COMMUNITY DEVELOPMENT
207 HARVARD AVENUE, P.O. BOX 880
CLAREMONT, CA 91711-0880
(909) 399-5470

APPLICANT INFORMATION

Name of Business _____ Date _____

Address _____ Zoning _____

Applicant's Name _____ Phone (____) _____

Applicant's Address _____ Email: _____

Owners Name (if different from applicant) _____

Address _____ Phone (____) _____

SIGN DESCRIPTION

Type of Sign

- Illuminated Non-Illuminated Wall-Mounted
- Freestanding Under-Canopy Window

If window sign, indicate total window area _____

Size of Sign Length _____ Height _____ Depth _____

Building Frontage (in feet) _____

Proposed Location of Sign _____
(Must also be shown on plan)

Sign Copy (wording) _____

Sign Color(s) _____

Construction & Materials _____

I acknowledge the filing of this application and certify that all of the above information is true and accurate. Further, I have familiarized myself with the relevant provisions of the Claremont Municipal Code.

Business Owner Signature

Date

FOR CITY USE ONLY

Date approved _____

Fee _____

Permit Issued by _____