CITY OF SAN BRUNO

City Hall Mailing Address: 567 El Camino Real
San Bruno, CA 94066
Voice: (650) 616-7074 & Fax: (650) 873-6749
www.sanbruno.ca.gov

COMMUNITY DEVELOPMENT DEPARTMENT
Planning Division

APPLICATION FOR SIGN REVIEW

TYPE OF APPLICATION	FEE	APPLICATION DATA
___ Sign Review Permit	$93.00	Case No (s): _____
		Date Submitted: _____
		Agenda Date: _____
		Total Fees Paid: _____ Check No: _____

REQUIREMENTS - MUST ACCOMPANY REQUEST

1. Colored sign elevation
2. Plot plan
3. Building elevation including sign and address location and specifications
4. Construction drawings (as required by the City Building Official)
5. Photo of Sign Location

APPLICANT

Name: _____ Contact Person: _____

Address: _____

Phone Number: (____) _____ Fax Number: (____) _____

Email _____

PROPERTY INFORMATION

Address: _____ APN(s): _____

Existing Land Use: _____ Zoning District: _____

General Plan Designation: _____ Street Frontage (Feet): _____

PROPERTY OWNERSHIP

Name: _____ Phone Number: (____)_____

Address: _____

SIGN INFORMATION

TYPE OF SIGN (Check One)

___ Free Standing
___ Marquee/Awning
___ Projecting
___ Wall
___ Roof
___ Window

SIZE OF SIGN

Height _____
Width: _____
Total Sq. Ft.: _____
Letter Size:_____
Overall Sign Height: _____

IS THE SIGN ILLUMINATED?

___ Yes ___No

IS SIGN PRESENTLY IN PLACE?

___ Yes ___ No

I, the undersigned, hereby apply for a sign as set forth in the above information, and certify that the above information, to the best of my knowledge, is true and correct.

Signature (Applicant):_____ Date: _____

Signature (Owner): _____ Date: _____

APPROVAL
Staff Only Signed: _____ Date Approved: _____