

Town of PlacentiaERECT A SIGN APPLICATION

DATE:			
APPLICANT/OWNER NAME:		PHONE:	
MAILING ADDRESS:			
SIGN LOCATION:			
ESTIMATED VALUE (OF WORK:		
SIGN DETAILS:	SINGLE SIGN	DOUBLE SIDED SIGN	
	ILLUMINATED	FLASHING	
APPLICANT MUST IN	ICLUDE:		
1. SKETCH OF S	SIGN SHOWING EXACT S	SIZE, WORDING, COLOR AND DESIGN.	
2. PLOT PLAN	SHOWING LOCATION OF	F PROPOSED SIGN.	
APPLICANT'S SIGNATURE:		DATE:	
PROCESSING FEE RECEIPT #:		ACCEPTED BY:	
**FAILURE TO SUBN	· · · · · · · · · · · · · · · · · · ·	O BE SUBMITTED WITH APPLICATION) UMENTS AND FEES WILL DELAY PROCESSING LE	
For office u	ise only after perm	nit is sanctioned:	
Date:		Permit Receipt #:	
Permit # Issued:		Public Work Approval:	