



APPLICANT INFORMATION

Applicant Name: _____ Phone: _____
Applicant Address: _____
Applicant Is: _____ Owner _____ Agent _____ Contractor

IF APPLICANT IS NOT OWNER, OWNER OR PROPERTY MANAGER APPROVAL IS REQUIRED
NAME: _____ OWNER _____ MANAGER
SIGNATURE: _____ DATE: _____

Contractor Name: _____ Phone: _____
Contractor Address: _____ License #: _____

PROPERTY INFORMATION

Commercial/Business Center Name: _____
Business/Center Location: _____
Assessor's Parcel Number(s): _____
Property Size: _____
Zone: _____ General Plan: _____
Redevelopment Area: _____ SPA or Specific Plan: _____
Lot Frontage: _____ Building Frontage: _____ Facing Street: _____ ft.
Facing Parking: _____ ft.

SIGN INFORMATION

Please give a general description of the number and types of signs that are proposed for the overall center. A site plan and building elevations must be provided with details of this information as part of your application. See the Application Checklist for further requirements.

STAFF USE:

Case #: _____ Project Planner: _____
Filing Date: _____ By: _____ Proj Acct #: _____ Deposit Acct #: _____