



CITY OF SANTA MARIA TEMPORARY SIGN APPLICATION

PLANNING DIVISION • 110 SOUTH PINE STREET ROOM 101 • SANTA MARIA, CA 93458 • 805.925.0951 X 2244

Date: _____

Applicant Name: _____

Applicant Contact: _____
Mobile Phone Work/Home Phone Email

Address/Location for Sign: _____
(Note: for multiple locations, use backside)

Business name (if applicable): _____

Size of sign (dimensions or square feet per attached graphic):

Sign to be placed (ground mounted or affixed to wall): _____

Date sign is to be installed: _____

Date sign is to be removed: _____

I acknowledge that the Santa Maria Municipal Code, Chapter 12-34, regulates signs. I, as the applicant, attest that I am the property owner or have the consent of the property owner or other person in possession of the property to place the sign(s) at the locations listed. I understand that I and the property owner or other person in possession of the property are responsible for complying with the Santa Maria Municipal Code.

Applicant's signature

Date

Signature of Zoning Administrator/Designee

Date

ATTACHMENTS:

Please attach a graphic of the proposed sign(s) with dimensions and materials listed for review in conformance with Municipal Code [Chapter 12-34, Signs](#).

Additional Address/Location: _____

Business name (if applicable): _____

Size of sign: _____

Sign to be placed: _____

Date sign is to be erected: _____

Date sign is to be removed: _____

Additional Address/Location: _____

Business name (if applicable): _____

Size of sign: _____

Sign to be placed: _____

Date sign is to be erected: _____

Date sign is to be removed: _____

Additional Address/Location: _____

Business name (if applicable): _____

Size of sign: _____

Sign to be placed: _____

Date sign is to be erected: _____

Date sign is to be removed: _____