



Development Services Department
 Planning Division
 13220 Central Avenue
 Chino, CA 91710
 (909) 334-3253
 www.cityofchino.org

CITY of CHINO

Sign Review Application

By completing the information requested, this application will serve as a request for a Sign Permit. Planning Division staff can assist you in completing this application and may be reached at (909) 334-3253. Planning Division counter hours are 7:30 AM to 5:30 PM, Monday through Friday.

Business Name: _____

Project Address: _____

Type(s) of review and approval requested *(Check all that apply)*:

- Sign Plan Sign Program or Sign Program Review Minor Sign Variance

Type(s) of sign(s) proposed *(Check all that apply)*:

- Freeway Pylon Sign Monument Sign Wall Sign Other

<p><u>STAFF USE ONLY:</u></p> <p>Zoning: _____</p> <p>Sign Program: _____</p>
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Property's Owner Name: _____ Phone No.: _____

Address: _____ City: _____ Zip: _____

Contractor/Applicant Name: _____ Phone No.: _____

Address: _____ City: _____ Zip: _____

Contact: _____ Phone No.: _____ Email: _____

MINIMUM REQUIREMENTS FOR FILING

1. Completed *Sign Permit Application* and filing fee
2. Plans showing:
 - The location and orientation of the proposed sign(s) in relation to buildings, structures and other signs existing on the property.
 - The design, size, structural details and calculations (if required by the Building Division), proposed colors and materials, and letter/icon size and type.
 - One (1) set of plans must be colored photo simulation.
3. Photographs showing existing signs on the premises and the proposed sign location(s).
4. Letter of authorization from the property owner or landlord approval.

APPLICANT'S AFFIDAVIT

I hereby certify that the statements and information contained herein are in all aspects true and correct to the best of my knowledge and belief. Furthermore, I have been advised of City laws and regulations relating to signs, and understand and agree to comply with all applicable ordinances and restrictions.

Contractor/Applicant: _____ Date: _____

Owner: _____ Date: _____

Staff Use Only

File #:	Date:	Received By:	Filing Fee:	Receipt #:
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