



**CITY OF SAN LUIS**  
 Development Services Department  
 Building Safety Division  
 P.O. Box 1170 - 1090 E. Union Street  
 San Luis, AZ 85349  
 (928) 341-8563

For Office Use Only	
Received By:	_____
Date:	_____
Fee:	_____
Receipt#	

## SIGN APPLICATION FORM

### TYPE OF SIGN

On-Site Sign     
  Off-Site Sign     
  Temporary Sign

### TYPE OF INSTALLATION

Free Standing     
  Wall Mounted     
  Under Canopy

Number of Signs: \_\_\_\_\_ Sign Valuation: \_\_\_\_\_ Plan Check Number Assigned: \_\_\_\_\_

### SUBJECT PROPERTY INFORMATION

Address:	Zoning:
Assessor's Parcel No.:	Sign Face Area: Height: _____ Width: _____
Total area of all signs (sq.ft):	Height (Including Support):
Request:	Site Plan Attached:      YES             NO
Date to be installed (Temp. Sign):	Date to be removed (Temp. Sign):

### PROPERTY OWNER/AGENT INFORMATION

Property Owner: \_\_\_\_\_ Agent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

**I affirm that I am the owner of record of the subject property. If an agent is named, I hereby authorize that person to act in my behalf in matters relating to this application.**

**I hereby declare that all of the information contained in this application is true and correct to the best of my knowledge and belief. I acknowledge that errors in this application may delay review.**

\_\_\_\_\_  
Property Owner's Signature(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date