



**City of Artesia
Community Development Department**

18747 Clarkdale Avenue
Artesia, CA 90701 • (562) 865-6262 • Fax (562) 865-6240

(Please check all that apply)

APPLICATION FOR:

Window Sign

Temporary Banner Permit

Name of Applicant: _____ Phone: _____

Mailing Address: _____
(Street) (City) (State & zip code)

Legal (Property) Owner: _____ Phone: _____

Mailing Address: _____
(Street) (City) (State & zip code)

Site Address: _____

Name of Business/Organization: _____

Window Sign

(Describe the proposed window sign)

Window Area: _____ s.f.

Sign Area: _____ s.f.

Sign Dimensions: _____

Wording and Graphics: _____
(List the words and/or Graphics to be displayed)

Colors & Materials: _____

Temporary Banner

(Describe the proposed temporary banner)

Store Frontage (Linear Feet): _____ feet

Banner Area: _____ s.f.

Banner Dimensions: _____ s.f.

Wording and Graphics: _____
(List the words and/or Graphics to be displayed)

Colors & Materials: _____

DURATION OF BANNER PERMIT

Please Note: Banners are permitted for a maximum of 30 days in any 6-month period.

Starting Date: _____ Ending Date: _____

*** IMPORTANT ***

Any false or misleading information shall be grounds for denying this application.

I, _____, understand that any permit granted herein for a temporary banner is valid for the duration of time indicated above (for a maximum period not to exceed (30) thirty days). I further understand if the temporary banner sign is not removed after the expiration date indicated above, that I would be in violation of the Artesia Municipal Code at which time a citation will be issued. The City of Artesia will then be forced to remove the temporary banner sign and I will be responsible for paying the cost of removal (City of Artesia Ordinance No. 512, July 10, 1995).

Signature of Business Owner/Applicant

Date

(For Departmental Use Only)

Received By: _____

Date Received _____ Approved/Denied: _____