

**CITY OF MT. SHASTA
 PLANNING DEPARTMENT
 305 N. MT. SHASTA BOULEVARD
 MT. SHASTA, CALIFORNIA 96067
 (530) 926-7510**

APN _____

PROJECT NO. _____

SIGN PERMIT APPLICATION
 (Print or Type in Black Ink Only)

- | | |
|---|---|
| <ul style="list-style-type: none"> o Conditional Use Permit \$480 o Variance \$580 o Subdivision (4 or Less) \$650 + Time/Materials o Subdivision (5 or More) \$300 + \$150 per parcel o Pre-zoning / Rezoning \$425 o General Plan Amendment \$580 o Home Occupation – Administrative \$80 o Home Occupation \$345 o Other _____ \$100 + Time/Materials | <ul style="list-style-type: none"> o Annexation \$750 (5Acres or Less) o Annexation \$1,200 (More than 5 Acres) o Lot Line Adjustment \$150 o Optional Design \$180 o Architectural / Design \$325 o Sign –\$55 for flush-mounted and freestanding signs less than 6 feet o Sign - \$245 for 6' and higher freestanding signs, and all internally lit o _____ (If not listed, ask the Planning Department for current description and fee.) |
|---|---|

In addition to the above fees, applicants shall be required to reimburse the City of Mt. Shasta for any additional costs of issuing permit, including but not limited to, extraordinary fees for legal counsel and/or consultant costs.

PLANNING DEPARTMENT

CASHIER

_____ Application Received

_____ Application Fee

_____ Accepted as Complete

_____ Receipt Number

_____ Received By

_____ Received By

APPLICANT: NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 TELEPHONE/ EMAIL _____

OWNER: NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 TELEPHONE/EMAIL _____

REPRESENTATIVE: NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 TELEPHONE/ EMAIL _____

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PROJECT DESCRIPTION

PROJECT NAME: _____

SITE ADDRESS: _____

ASSESSOR'S PARCEL NO: _____

Describe in detail your proposed project, including all proposed uses, special materials, special fixtures or appliances, and any grading and/or construction which must be done to establish your project. Refer to project guideline for specific submittal requirements. (Attach additional sheets if necessary)

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Project Name _____

Assessor's Parcel Number _____

Project (Physical) Location _____

Project Number _____

THIS PAGE IS REQUIRED FOR EACH INDIVIDUAL SIGN REQUESTED

SIGN # _____ OF _____

DESCRIPTION OF REQUEST: (List any special requests)

ILLUMINATION: None Internal External Type: _____

LOCATION: Front Rear Roof Side: North East West South

MATERIAL: Metal Plastic Wood: List Type _____
 Other: List Type _____

PLACEMENT: Painted on Building Freestanding
 Flush Mounted Attached to Building
 Other (*describe*) _____

DIMENSIONS: SIZE: (*Height x Width*) _____ SQUARE FOOTAGE: _____

CLEARANCE: Ground to Bottom of Sign: _____ ft.

FRONT FOOTAGE OF BUILDING: _____ ft. If building is shared, define the front footage which represents the limits of your occupancy

ALLOWABLE SIGN AREA: _____ Square Feet

NUMBER OF EXISTING SIGNS: _____ Square Feet

NUMBER OF SIGNS TO BE REMOVED: _____ Square Feet

SIGN AREA PROPOSED WITH THIS APPLICATION: _____ Square Feet

+/- BALANCE USABLE SIGN AREA: _____ Square Feet

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PROPERTY OWNER SIGNATURE REQUIREMENT

I hereby certify that the facts, statements, and information presented in this application are true and correct to the best of my knowledge and belief. I hereby understand and certify that any misrepresentation or omissions of any information required in this application may result in my application being delayed or not approved by the City of Mt. Shasta. I hereby certify that I have read and fully understand all of the information required in this application.

By signing this application, I (we) hereby authorize city, county, state and federal agencies requested to review this application to enter my property for the purpose of reviewing and commenting on this application. This authorization is valid from the date of filing this application with the city until the city formally acts to approve or deny this project.

Signature

Printed Name

Address

City/State/Zip

Date

Signature

Printed Name

Address

City/State/Zip

Date

Signature

Printed Name

Address

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SIGN COLOR SAMPLE SUBMITTAL

PROJECT NAME _____

PROJECT NUMBER _____

PROJECT PHYSICAL LOCATION _____

ASSESSOR'S PARCEL NUMBER (APN) _____

GENERAL (Overall)	TRIM COLOR (Note Locations)	ACCENT (doors, windows, logo)
DOOR / WINDOW	ROOF (Color / Type)	OTHER (Describe)

**IN APPROPRIATE BOX, INDICATE COLOR NAME AND PROVIDE COLOR CHIP OF ACTUAL COLOR
 IF POSSIBLE, PROVIDE COLOR ON MATERIAL TO BE USED**

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APPLICANT SIGNATURE REQUIREMENT

ACKNOWLEDGEMENT:

I have read and understand the application guidelines and submittal requirements.

Signature

Printed Name

Date