



MARIN COUNTY
COMMUNITY DEVELOPMENT AGENCY
BRIAN C. CRAWFORD, DIRECTOR

SIGN PERMIT/REVIEW SUPPLEMENTAL APPLICATION

THIS APPLICATION MUST BE SUBMITTED WITH THE COMPLETED ZONING/DEVELOPMENT APPLICATION

TO BE FILLED IN BY APPLICANT

1. Project Address: _____ City/Zip: _____
2. Applicant: _____ Phone: _____
3. Applicant's Address: _____ City/Zip: _____
4. Type of Sign Application (check one or more):
 - New Sign(s)
 - Removal of existing sign(s)
 - Alteration of existing sign(s)
 - Relocation of existing sign(s)
5. Sign Location:
 - a. Business name (if applicable): _____
 - b. Type of Business: _____
 - c. Business address: _____
 - d. Business located on (check all applicable):

	Yes	No
• Freeway frontage		
• Double street frontage		
• Above the first floor		
6. Sign Usage
 - a. The sign(s) is/are to be used as identification for (check all applicable):
 - Dwelling(s) or apartment building
 - Home occupation
 - Institution (educational, religious or charitable)
 - Shopping center
 - Service station
 - Business or industry (other than listed above)
Explain _____
 - Other
Explain _____

