



CITY OF LINCOLN  
Development Services Department  
600 Sixth Street  
Lincoln, CA 95648  
(916) 434-2470 - office  
(916) 645-3552 - fax

## Temporary Sign Permit Application

CONTRACTOR/APPLICANT \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Contact Name \_\_\_\_\_

LOCATION of SIGN (address) \_\_\_\_\_

TYPE OF SIGN \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Contact Name \_\_\_\_\_

SIGNATURE (property owner) \_\_\_\_\_

PRINT NAME (property owner) \_\_\_\_\_ DATE \_\_\_\_\_

- **Temporary signs are allowed to be installed for no longer than 90 days. If sign remains after the allotted 90 days, the City may remove.**

SIZE Height by Width: \_\_\_\_\_

SUBMITTAL REQUIREMENTS – 2 sets of the following:

- Dimensioned plan showing frontage of building with the **property owner's signature** on each copy
- Picture/drawing of the proposed sign as it will be seen on the building elevation/frontage with dimensions, including proposed colors and materials with the **property owner's signature** on each copy
- Refer to Master Fee Schedule for cost of each temporary sign/banner

I, \_\_\_\_\_ agree to remove the temporary sign at the end of the 90 day period on \_\_\_\_\_ (date).

Signature \_\_\_\_\_

### OFFICIAL USE ONLY

Fees: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

DENIED \_\_\_\_\_ DATE \_\_\_\_\_