



Community Development Department
1 Plaza, PO Box 667
Patterson, CA 95363
Ph. 209.895.8020
Fax 209.895.8019
www.ci.patterson.ca.us

SIGN PERMIT

This information is provided as a guide to assist you in the preparation of the application for a **Sign Permit**. The regulations are intended to appropriately limit the placement, type, size, and number of signs allowed within the City and to require the proper maintenance of signs.

Application Submittal

An application for a Sign Permit shall be filed by the property owner or their representative/agent on forms prescribed for this purpose. The application shall be submitted to the Planning Department, 1 Plaza, 2nd Floor, Patterson, CA 95363.

ALL APPLICATIONS FOR SIGN PERMITS MUST BE ACCOMPANIED BY THE MATERIALS SPECIFIED ON THE ATTACHED PAGE. THE APPLICATION MAY BE REJECTED OR RETURNED TO THE APPLICANT IF ANY PORTION OF THE REQUIRED MATERIAL IS FOUND TO BE MISSING AT THE TIME OF OR SUBSEQUENT TO SUBMITTING THE APPLICATION. ADDITIONAL INFORMATION MAY BE REQUIRED BY THE PLANNER DURING THE REVIEW OF THE APPLICATION.

Building Permits/Business License

Application for a Sign Permit does not constitute an application for a building permit. Separate building permit applications are required prior to any installation/construction.

Application for a Sign Permit does not constitute an application for a City Business License. Please apply for a City Business License at City Hall, 1 Plaza, Patterson, CA 95363, First Floor (Finance Department)

PLEASE SUBMIT YOUR APPLICATION TO:

CITY OF PATTERSON

PLANNING DEPARTMENT

1 PLAZA, 2ND FLOOR

PATTERSON, CA 95363

OR BY EMAIL: planning@ci.patterson.ca.us



Community Development Department
1 Plaza, PO Box 667
Patterson, CA 95363
Ph. 209.895.8020
Fax 209.895.8019
www.ci.patterson.ca.us

SIGN PERMIT APPLICATION

Project/Business Name

Project/Business Location:

Applicant Name

Mailing Address/City/State/Zip

Phone Number

Email

Property Owner

Mailing Address/City/State/Zip

Phone Number

Email

Zoning District:/Assessor Parcel Number (APN):

of Existing Signs/New Signs

Sign Contractor/Business Name: _____ **License#** _____

Address/City/State/Zip: _____

Phone: _____

Email: _____

PLANNING PERMIT #: _____

BUILDING PERMIT #: _____

CITY BUSINESS LICENSE #: _____



Community Development Department
1 Plaza, PO Box 667
Patterson, CA 95363
Ph. 209.895.8020
Fax 209.895.8019
www.ci.patterson.ca.us

SUBMITTAL:

- SIGN PERMIT APPLICATION**
- ASSESSOR PARCEL MAP** – Marked with project location
- PHOTOGRAPHS** – existing buildings, existing signage, and surrounding area
- THREE (3) COPIES OF PLANS for the signs that includes**
 - Site Plan, drawn to scale containing the following information:**
 - Dimensions of subject property, lot lines and existing driveways
 - Streets adjoining the subject property
 - Existing buildings and structures
 - Setback dimensions of existing and proposed signs
 - Existing offstreet parking, loading and circulation areas
 - Location of the proposed signs
 - Dimensioned drawings of proposed sign (s) indicating height, width, lighting source, color and materials
 - **ATTACHED SIGNS:**
 - Dimensioned elevations of building(s) and occupancy frontage(s) including proposed location of sign on frontage
 - **FREESTANDING SIGNS:**
 - Dimensioned elevations of the free standing sign
 - Dimensions of subject property, lot lines, and existing driveways
 - Setback dimensions of existing and proposed sign(s)
 - Existing off-street parking, loading, and circulation areas
 - Location of all proposed signs
 - Show all property lines and setback to proposed sign(s)
 - **MASTER PLAN PROGRAM:**
 - Applicant is required to submit a copy of the approved program for this site with this application, if one already exists



Community Development Department
1 Plaza, PO Box 667
Patterson, CA 95363
Ph. 209.895.8020
Fax 209.895.8019
www.ci.patterson.ca.us

- **Number of proposed new attached signs shown on plans** _____
- **Number of existing attached signs shown on plans** _____

FRONTAGE: Number of occupancy frontages _____
(Maximum number of one sign per frontage)

AREA: 1st Occupancy Frontage _____ Proposed sign area _____ sq.ft.
(Maximum area is 300 sq.ft per tenant frontage)

2nd Occupancy Frontage _____ Proposed sign area _____ sq.ft

3rd Occupancy Frontage _____ Proposed sign area _____ sq.ft
(1st floor allowance cannot exceed one sq. ft. for each linear foot of building frontage)
(2nd floor allowance is one-half of first floor allowance)

- **Number of proposed free-standing signs shown on plans** _____
- **Number of existing free-standing signs on property** _____
(show on plans)

FRONTAGE: Number of street frontages

AREA: Street Frontage _____ ft.

HEIGHT: Proposed Sign Size _____ sq.ft.
Dimensions _____ ft. _____ in. X _____ ft. _____ in.
(Max free-standing sign height is 8")

SETBACK: Distance from property line as shown on site plan _____



Community Development Department
1 Plaza, PO Box 667
Patterson, CA 95363
Ph. 209.895.8020
Fax 209.895.8019
www.ci.patterson.ca.us

FEES:

- SINGLE SIGN** \$100.00
- MULTIPLE SIGNS** \$240.00
- MASTER PLAN SIGN** \$595.00

NOTE: The above fees are for Planning Review only and do not include Building Department fees or City Business License fees.

SIGNATURES:

The above information as well as the plans and materials submitted herewith in support of this application are, to the best of my/our knowledge, true and correct.

APPLICANT: _____ **DATE:** _____

PROPERTY OWNER: _____ **DATE:** _____



City of Patterson
 1 PLAZA
 PO Box 667
 Patterson, CA 95363
 (209) 895-8030 Fax (209) 895-8039

Office Use Only

Application Date: _____

Customer # _____

PERMIT # _____

WMP to P.W. _____

APPLICATION FOR BUILDING PERMIT

Project Valuation: \$ _____

Building Type: Commercial Industrial Residential Other: _____

Description of Work: _____

Address of Work: _____ Patterson, CA 95363

Is Property in a SFHA (Special Flood Hazard Area)? _____

Owner: _____ APN: _____

Address: _____ Phone: _____

City: _____ Zip: _____ Email: _____

Primary Contractor: _____ Phone: _____

Address: _____ Contractor Lic #: _____ Local Lic# _____

City: _____ Zip: _____ Email: _____

Applicant: _____ Date: _____

Applicant Address: _____ Phone: _____

Project Contact Person: _____ Phone: _____
 Print Name and Title

Fax: _____ Email: _____

PLEASE REVIEW THE FOLLOWING ITEMS PRIOR TO SUBMITTING APPLICATION

1. **Residential Projects:** 5 sets of plans & 2 sets of all supporting documents (i.e. Structural Calcs, Energy Calcs, Truss Calcs, etc) are required.
2. **Commercial Projects:** 5 sets of plans, 3 sets for Structural Calcs, and 2 sets of all other supporting documents (i.e. Energy Calcs, truss Calcs, etc.) are required.
3. A plan check deposit maybe required with this application.
4. This application, in which no permit is issued, will expire in 6 months from today's (submittal) date.
5. If this building is intended to be licensed by Dept of Health Services (i.e. OSHPD3), you are required to submit concurrently to OSHPD for their review and approval.
6. No inspection will be performed prior to issuance of the Building Permit.

APPLICANT SIGNATURE

DATE

LICENSED CONTRACTOR DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code and that my contractor's license is in full force and effect and that all of the information provided by me regarding this is true and correct. I also affirm under penalty of perjury that my Worker's Compensation Declaration or Certificate of Exemption from Worker's Compensation Insurance and lend agency information are true and correct.

Signed _____ Dated _____

Print Name of Signer _____

License# _____ License Class _____

WORKER'S COMPENSATION DECLARATIONS

I hereby affirm that I have a certificate of self-insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3000, Lab. C).

Policy# _____ Company _____

Certified copy is hereby furnished

Certified copy is filed with the building inspection department of the City of Patterson

Applicant Signature _____

Dated _____

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from provisions of the Contractor's License Law (Chapter 9 of Division 3 of the Business and Profession Code) because: (check applicable statement)

- A. I am the owner of the above property and I will contract to have all of the work performed by licensed contractors.
- B. I am the owner of the property and the work will be partially accomplished in accordance with Statement "A" and the other work will be accomplished in accordance with Statement "C".
- C. I am the owner of the above property and I will perform all the above work personally or through my employees whose sole compensation will be wages, and the above described structure is not intended or offered for sale.

Applicant Signature _____ Dated _____

Print Name of Signer _____

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California.

Applicant Signature _____ Dated _____

NOTICE TO APPLICANT: If after making this Certificate of Exemption you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Cir. C).

Lender's Name _____

Lender's Address _____

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL CITY AND COUNTY ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

Applicant or Agent Signature _____ Date: _____