



CITY OF SANTA MARIA TEMPORARY SIGN APPLICATION

PLANNING DIVISION • 110 SOUTH PINE STREET ROOM 101 • SANTA MARIA, CA 93458 • 805.925.0951 X 2244

Date: _____

Address/Location: _____

(Note: for multiple locations, use backside)

Business name (if applicable): _____

Size of sign (dimensions or square feet): _____

Sign to be placed (ground mounted or affixed to wall): _____

Date sign is to be installed: _____

Date sign is to be removed: _____

I acknowledge that the Santa Maria Municipal Code regulates signs. I, as the applicant, as well as owner and occupant of property where I place temporary signs, are responsible for complying with the Code.

Applicant's signature

Date

Signature of Zoning Administrator/Designee

Date

Additional Address/Location: _____

Business name (if applicable): _____

Size of sign: _____

Sign to be placed: _____

Date sign is to be erected: _____

Date sign is to be removed: _____

Additional Address/Location: _____

Business name (if applicable): _____

Size of sign: _____

Sign to be placed: _____

Date sign is to be erected: _____

Date sign is to be removed: _____

Additional Address/Location: _____

Business name (if applicable): _____

Size of sign: _____

Sign to be placed: _____

Date sign is to be erected: _____

Date sign is to be removed: _____