## CITY OF ANAHEIM PLANNING DEPARTMENT BUILDING DIVISION

## **SIGN PERMIT APPLICATION**

	DATE:	
PROJECT ADDRESS:		
DESCRIBE WORK TO BE DONE:	NUMBER OF SIGN(S):	
	ument	
PRINT YOUR NAME:	PROPERTY OWNER:	
I am the:	Name:	
☐ Property Owner	Address:	
□ Contractor*		
Employee of*:	City:	
☐ Owner ☐ Contractor	Phone Number:	
*Verification of Worker's Comp. Required (including Carrier, Policy # and Expiration Date, Name and Phone Number of Agent)	L-mail.	
WORKER'S COMPENSATION CERTIFICATE:	NDED 55	
Policy Carrier: P	Policy #:	
Expiration Date:		
Agent Name: A	gent Phone Number:	
☐ Exempt, No Employees		
CONTRACTOR:	ARCHITECT/ENGINEER:	
Company Name:	Company Name:	
Address:	Address:	
City:	City:	
Phone Number:	Phone Number:	
E-mail:	E-mail:	
State License #:	State License #:	
City License #:	_	
DII	MENSIONS	
*Dimensions to be in feet and tenths of feet	Wording on Sign(s):	
Sign Height:		
Sign Width:		

WRITE QUANTITY In Box Next To Item(s) To Be Included In Permit.			
SIGNS, OUTLINE LIGHTING AND MARQUES:	Fee	Quantity	Sub Total
Signs: Channel Letter Wall (non-illuminated)	\$234.00		
Additional signs	\$44.00		
Signs: Channel Letter Wall (illuminated)	\$410.00		
Additional signs	\$89.00		
Monument, Pole, Freestanding	\$467.00		
Wayfinding Sign (3'-4')	\$35.00		
Alter existing sign(s)	\$60.00		
Relocate existing sign(s)	\$60.00		
		TOTAL	

- ◆ Minimum Permit Fee \$177.00
- Supplemental Permit Fee \$56.00
- Planning Plan Check Fee assessed when applicable

## **MAXIMUM CREDIT CARD TRANSACTION IS \$5,000**

The above schedule covers most common and straight forward permit types. Fees for projects outside of the listed items shall be estimated by the Building Official based on degree of complexity and size. These projects will be processed in accordance with procedures outlined in **Resolution No. 2024-0**. Where no fee is specified or there is an unusual circumstance, that fee shall be determined by the Building Official and/or as specified in **Resolution 2024-0**.