



Case Number: SPCF _____
 PSPP _____
 SV _____

**SIGN APPLICATION FORM
 INSTRUCTIONS FOR FILING**

This application and all necessary submittal requirements must be properly completed and have original signatures of the applicant(s) and property owner(s). **All fees and application materials must be received at the time of filing.**

FILING FEE SCHEDULE
 Revised 7/2011

APPLICATION TYPE (Planning Review Only)	FLAT FEE (Fees are due at the time of filing)
Sign Permit Clearance Form (SPCF) Planning Fee	\$52.00
Planned Sign Permit Program (PSPP) Planning Fee Hearing Publication/preparation (per hearing) GIS/GPU/ZO Maintenance Fee <i>Total Initial Submittal \$3,250</i>	\$2,880 \$250 \$120
Sign Variance (SV) Planning Fee Hearing Publication/preparation (per hearing) GIS/GPU/ZO Maintenance Fee <i>Total Initial Submittal \$3,250</i>	\$2,880 \$250 \$120

SUBMITTAL REQUIREMENTS

1. Application form signed by the property owner and applicant.
2. Three (3) copies of a site plan drawn to scale (engineer's scale, no smaller than 1" = 20') indicating the following:
 - a) Property lines and building setback lines.
 - b) The location of existing and proposed signs, other structures on site, with dimensions.
 - c) Building and street dimensions, including entrances and exits.
 - d) Street names and address of where sign(s) is (are) to be located.
 - e) A vicinity map, project name, North arrow, and scale.
 - f) Summary of project description (3 wall signs; 1 monument sign; etc.)
 - g) Elevation at base of sign and adjacent street elevation (freestanding signs only)
 - h) One (1) 8 1/2" X 11" or 11" X 17" reproducible copy.
3. Three (3) copies of a Sign Plan drawn to scale.
 - a) Dimensions of sign(s) - height, width, area.
 - b) Materials and colors.
 - c) One (1) 8 1/2" X 11" or 11" X 17" reproducible copy.

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- 4. Three (3) copies of a Building Elevation Plan drawn to scale (wall signs only)
 - a. Location of proposed and existing signs, labeling each elevation (east, west,...)
- 5. For Sign Variance applications, provide a description of the variance and a justification for the request including specific facts to support the findings set forth in Section 12.90.90.C.
- 6. For PSPP applications, provide a description of the property governed by the PSPP, and a detailed statement of criteria for the proposed signs, including, type, location, size, height, materials, letter style, colors and illumination.
- 7. The **“Agreement to Pay”** form completed.



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SIGN APPLICATION FORM

File in Person to: Yuba County Community Development & Services Agency – Planning Department
915 8th Street, Suite 123, Marysville, CA 95901
(530) 749-5470 main * (530) 749-5434 fax

NOTE: APPLICATIONS THAT ARE NOT COMPLETELY FILLED OUT AND WHICH DO NOT HAVE ALL THE REQUIRED SUBMITTALS WILL NOT BE ACCEPTED FOR FILING. STAFF’S ACCEPTANCE OF THE APPLICATION OR DEEMING THE APPLICATION COMPLETE DOES NOT IMPLY THAT STAFF WILL RECOMMEND APPROVAL _____ (INITIAL) OR THAT YOU WILL RECEIVE APPROVAL FROM THE HEARING BODY.

Contact Information:

Please check the appropriate box below.

BILL TO PROPERTY OWNER APPLICANT

Applicant(s):

Name: _____

Address: _____

Phone: (Business) _____ (Home) _____ City/State/Zip _____ Email: _____

Property Owner(s):

Applicant(s):

Name: _____

Address: _____

Phone: (Business) _____ (Home) _____ City/State/Zip _____ Email: _____

Name of Shopping Center, Subdivision, or Project:

Name: _____

Address: _____

Street City/State/Zip

Name of Tenant: (if applicable)

Name: _____

Address: _____

Street City/State/Zip

Phone: (Business) _____ (Home) _____ Email: _____

APPLICANT'S/OWNER'S* DECLARATION UNDER PENALTY OF PERJURY

(Must be signed by the Applicant and the Property Owner)

I am (we are) the owner(s) of the property that is the subject of this application and I (we) have completed this application and all other documents and maps required herein, or have permitted the person(s) identified as the Applicant on Page 1 of this application to do so on my (our) behalf. Owner and/or Applicant hereby certify that the information and statements made herein are, in all respects, true and correct to the best of my (our) knowledge and belief.

I (we) also declare under penalty of perjury that the foregoing is true and correct as evidenced by my (our) signature(s) below.

Property Owner(s):

Print: _____ Signed: _____ Date: _____

Print: _____ Signed: _____ Date: _____

Applicant(s):

Print: _____ Signed: _____ Date: _____

*Note: If the owner or applicant is other than an individual(s), a copy of a Resolution from the corporation or partnership agreement authorizing this application must be attached hereto.

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SIGN PERMIT CLEARANCE FORM
TO BE COMPLETED BY THE PLANNING DEPARTMENT

Clearance authorization or denial for the proposed Sign Permit is based on the attached supporting documentation, and compliance with standards as set forth in Chapter 12.90 of the Yuba County Zoning Ordinance.

Approved by _____ Date _____

Clearance evaluation is valid for a period of one (1) year from the above date.

Denied by _____ Date _____

***It is important to note that approval of this Clearance Form does not constitute the approval of a Building Permit. You are strongly encouraged to contact each of the departments listed below to learn of their requirements and fees that may be due at the time of Building Permit issuance.**

Building Department	(530) 749-5440
Public Works Department	(530) 749-5420
Environmental Health Department	(530) 749-5450

Applicant's Signature _____ **Date** _____



Community Development & Services Agency

915 8th Street, Suite 125, Marysville, CA 95901

Phone: (530) 749-5430 Fax: (530) 749-5424

Web: <http://www.co.yuba.ca.us>

Agreement to Pay Form for Project #: _____

RECITALS

The costs to provide specific project related services are billed to the applicant at an hourly rate pursuant to the Yuba County Ordinance Code Chapter 13. As listed in the fee schedule of Chapter 13, the fees for services that have an applicable hourly rate have the word "deposit" beside the fee amount. This initial deposit amount and an original completed Agreement to Pay Form must be submitted to the Community Development and Services Agency (CDSA) in order for services to begin and be assessed at the specified hourly rate. The herein fees are intended to compensate CDSA for staff time and/or consultant time spent on the applicant's project.

Any person acting on behalf of the property owner for the work referenced below shall be requested to present documentation evidencing that they are the owner's representatives. This may include Power of Attorney, a notarized statement from the property owner or a copy of a contractual arrangement.

TERMS OF AGREEMENT

I/We understand that Yuba County Ordinance Code Chapter 13 requires a deposit for services and CDSA will bill as services are rendered against that deposit. I/We agree to pay any required additional deposit(s) to maintain a positive deposit balance. I/We understand that all services by CDSA will cease for this project if the deposit is depleted to zero balance and a request for an additional deposit payment has not been fulfilled by the applicant within 30 days of the request. I/We further understand that until CDSA receives written notification of a change in the information provided below, I/We am/are responsible for payment for all services performed by CDSA. I/We understand that upon completion of the project any unused portion of the deposit will be returned to the applicant at the billing address on file or to any written change of address on file with CDSA.

In the event there is an outstanding balance due for the project and the request for payment is 90 days or more past due, I/We agree to allow and hereby consent to the delinquent payment amount being made by the Yuba County Board of Supervisors for placement of a lien on the property equal to the past due amount plus additional penalties as described in Yuba County Ordinance Code Chapter 13.

SITE INFORMATION	BILLING INFORMATION
APN:	Project Name:
Property Owner/Business Name:	Applicant:
Address:	Address:
Telephone:	Telephone:

I declare under penalty of perjury under the laws of the State of California that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning CDSA Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment and failure to pay could result in a judgment or other lien being placed on the above referenced property. I further agree to advise CDSA in writing should I no longer be associated with the above referenced project/property and identify the new responsible party.

Signature _____ Dated: _____ CDL# _____
 Printed Name _____ Telephone # _____