CITY OF SAN LUIS

Department of Planning and Zoning
Development Services Division
P.O. Box 1170 - 1090 E. Union Street
San Luis, AZ 85349
(928) 341-8563

For Office Use Only

Received By:_____

Date:_____

Fee:_____

Receipt#

OFF-SITE SIGN

TYPE OF INSTALLATION

☐ Free Standing ☐ Wall Mounted ☐ Under Canopy

Number of Signs:_____ Sign Valuation:_____ Plan Check Number Assigned:_____

SUBJECT PROPERTY INFORMATION

Address:	Current Zoning:
Assessor's Parcel No.:	Sign Face Area: Height: Width:
Maximum total area of all sign faces:	Vertical Clearance:
Distance to next off-site sign:	Setback from property line:

Site Plan Attached ☐

PROPERTY OWNER/AGENT INFORMATION

Property Owner(s) Name:	Agent's Name:
Address:	Address:
City:	City:
Phone:	Phone:
E-Mail:	E-Mail:
Fax:	Fax:
I affirm that I am the owner of record of the subject property. If an agent is named, I hereby authorize that person to act in my behalf in matters relating to this application. **(OWNER'S SIGNATURE IS MANDATORY)** _____ Property Owner's Signature(s) Date	I hereby declare that all of the information contained in this application is true and correct to the best of my knowledge and belief. I acknowledge that errors in this application may delay review. _____ Agent's Signature Date