**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#

# ON-SITE SIGN

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

## SUBJECT PROPERTY INFORMATION

| | |
|---|---|
| Address: | Current Zoning: |
| Assessor's Parcel No.: | Sign Face Area:<br>Height: Width: |
| Area (acres/sq.ft): | Height (Including Support): |
| Request: | Site Plan Attached: YES \| NO |
| Date to be installed: | Date to be removed: |

## 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.<br>**(OWNER'S SIGNATURE IS MANDATORY)**<br>_____<br>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.<br>_____<br>Agent's Signature Date |