



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# _____

TEMPORARY SIGN

TYPE OF INSTALLATION

Free Standing
 Wall Mounted

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

SUBJECT PROPERTY INFORMATION

Address:	Current Zoning:
Assessor's Parcel No.:	Sign Face Area: Height: Width: Sign Area:
Area (acres/sq.ft):	Height (Including Support):
Date to be Installed:	Date to be Removed:

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. <u>If an agent is named, I hereby authorize that person to act in my behalf in matters relating to this application.</u> (OWNER'S SIGNATURE IS MANDATORY)	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.
_____ Property Owner's Signature(s) Date	_____ Agent's Signature Date