



City of Greenfield

Community Development Department – Building Division
 599 El Camino Real, Greenfield, CA 93927
 Tel: (831) 304 0333 | Fax: (831) 674-3149
 Inspections@ci.greenfield.ca.us

OFFICE USE ONLY

Permit No: _____

SIGN PERMIT APPLICATION

SEC I: PROJECT INFORMATION			
Project Address			Assessor Parcel No. _____
Building Use	<input type="checkbox"/> Commercial <input type="checkbox"/> Mixed-Use <input type="checkbox"/> Industrial		Project Valuation \$ _____
Project Type	Sign <input type="checkbox"/> Illuminated <input type="checkbox"/> Non-Illuminated		<input type="checkbox"/> Wall Mounted <input type="checkbox"/> Freestanding
Description of Work			
Sign Details	Material:	Letter Color:	Background Color:
	Width:	Height:	Total Square Footage:
Building Face Details	Width:	Height:	Total Square Footage:
Business Information	No. of Employees:	Hours of Operation:	Parking Spaces Provided:

SEC II: APPLICANT INFORMATION			
PRIMARY APPLICANT IS: <input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Licensed Contractor			
Owner	Name:	Phone:	Email:
	Mailing Address:		
Applicant	Name:	Phone:	Email:
	Title:		
	Mailing Address:		
Contractor	<input type="checkbox"/> Owner-Builder <input type="checkbox"/> To Be Determined (TBD)		
	Name:	Phone:	Email:
	Mailing Address:		
	License No:	License Class:	Expiration Date:

SEC III: APPLICANT DECLARATION		
<p>I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State Laws relating to Building Construction and hereby authorize City representatives to enter upon the above-mentioned property for inspection purpose. I understand that this is an application and NOT a permit or authorization to do any work without the Building Department review and approval, payment of all required fees, and signing all required documentation. I understand that this application will expire within 180 days from date of application if a permit is not obtained.</p>		
PRIMARY APPLICANT SIGNATURE	NAME	DATE

OFFICE USE ONLY					
CSLB verified	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Business License	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Code Case	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A