



CITY OF SAN RAMON  
Planning Services Division  
2401 Crow Canyon Road  
San Ramon, CA 94583  
Telephone: 925.973.2560 Fax 925.838.3231

## SIGN APPROVAL APPLICATION

Name of Applicant: \_\_\_\_\_  
Print Clearly

Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Applicant Contact #'s: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Main telephone # Secondary telephone #

Type of sign(s) applying for (check & briefly describe):

Directional: \_\_\_\_\_  Wall: \_\_\_\_\_

Monument: \_\_\_\_\_  Window: \_\_\_\_\_

Other: \_\_\_\_\_  
i.e., informational sign, commercial leasing, and residential leasing signs, etc.

Drawings and colors must be submitted with application (*see General Information Submittal Requirements*).

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Landlord: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Landlord/Representative Signature (\_\_\_\_\_) \_\_\_\_\_  
Landlord/Representative Telephone #

City: \_\_\_\_\_ Date: \_\_\_\_\_  
Staff Representative Signature

**Note: This form to be completed in conjunction with Architectural Review Board Application Form.**