



City of Dixon
Community Development Department
600 East A Street Dixon, CA 95620
Phone: (707) 678-7000 Fax: (707) 678-0960

No. _____ Fee _____

Date _____ Rec. # _____

By _____

Sign Design Application

Applicant

Name: _____

Address: _____

Zip Code: _____

Phone: _____ Contact Person: _____

Fax: _____ e-mail Address: _____

Applicant is: Owner Lessee Purchaser Agent *(check all that apply)*

Property Owner

Name: _____

Address: _____

Phone: _____ Fax: _____

Site Information

Business Name: _____

Property Address/Location: _____

Site Acreage: _____ Parcel Number(s): _____

Zoning: _____ General Plan: _____

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Project Information

Number of Proposed Signs: _____

Size of Lettering: _____

Size of Each Sign in Square Feet: _____

Nonilluminated or Lighting System: _____
(Specify which one)

Sign Height from Top to Ground: _____ Sign Height from Bottom to Ground: _____

Exact Location of Proposed Sign on the Building: _____

- Sign will be mounted: () flat against the building
() right angle to the building
() freestanding
() other _____

Exact Wording on Sign: _____

Color Scheme: _____

Size of Existing Signs on the Property: _____

Length of Building Frontage: _____ Length of Property Frontage on Public Street: _____

Signature of Applicant

Date of Signature

Signature of Property Owner

Date of Signature

(If Applicant is not Property Owner, Property Owner must sign application or submit a letter of consent to City Hall.)

Along with the completed application and fee, you will need to submit a copy of the site plan with the proposed sign location clearly marked on the plan and ten renderings of the proposed sign. Elevations and floor plans may also be required.