

Annual Renewal Multi-Family Temporary Sign Permit

Complex Name: _____

Complex Address: _____

Number of Units: _____

Applicant Information:

Name: _____

Phone Number: _____ **E-Mail:** _____

Property Owner/Manager: _____ **Yes or** _____ **No. If no, explain who you are and why you are applying for permit:**

Applicant's Signature _____ **Date** _____

Community Development Department Staff

Last Permit Number: _____ **New Permit Number:** _____

Class _____ **Sign Permit** _____ **Permit Fee (See [CDD-0028](#)) Invoiced:** _____

Approved by:

Staff Name: _____ **Date:** _____