



City of Santa Clarita
Community Development
Planning Division
23920 Valencia Boulevard, Suite 140
Santa Clarita, CA 91355

Official Use Only

OTC # _____

Window Sign Application

Old Town Newhall Specific Plan Area

Applicant/Business Information

Applicant Name: _____ Business Name: _____

Business Address: _____ Assessor's Parcel Number (APN): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Property Owner: _____ Phone: _____

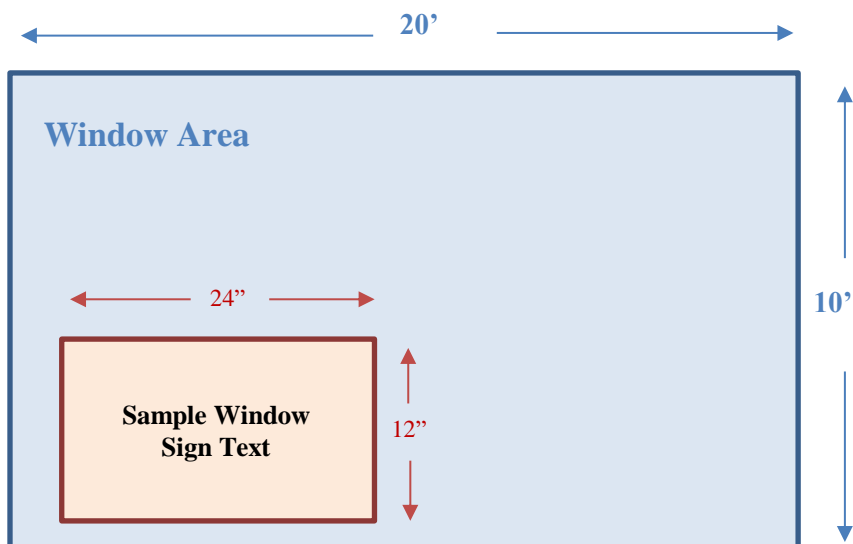
For a Temporary Window Sign, complete the following:

Date(s) for Temporary Window Sign: From: _____ To: _____

For a Permanent Window Sign, complete the following:

Provide a plan showing location of the proposed window sign. A sample is provided below.

Sample Window Sign Plan:



Proposed Window Sign Plan:

Total Window Area: _____ square feet

Proposed Window Sign Area: _____ square feet

Proposed Sign Text: _____

Conditions of Approval for Window Sign(s):

1. Window sign must be contained within the area of the window.
2. A permanent window sign shall cover no more than 15 percent of total window area.
3. A temporary window sign shall cover no more than 25 percent of total window area.
4. A temporary window sign shall be displayed a maximum of fifteen (15) days at one time, up to two (2) times in a twelve-month period, and one (1) additional special/holiday shall be permitted for up to 45 days in any twelve-month period.
5. Window signage shall be limited to decals, illuminated signs, painted signs, or other similar signage approved by the Director of Community Development.
6. Any window sign in violation of these conditions shall be considered a violation of Section 4.5.050.B of the Old Town Newhall Specific Plan.

I declare under penalty of perjury that all information included in this application is true and correct, and that I have completed the above referenced application to the best of my ability.

Property Owner / Applicant Signature

Date

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Approved By: _____ Date: _____

Notes: _____