

Sign Program Application

City of Hawaiian Gardens Community Development Department

I. BUSINESS INFORMATION						
Business Name:						
Address:						
Have you been assi	sted under	the Sign Prog	ram within the	past y	ear? Yes	s:
Are you a: Busi	ness C	Church No	on-Profit Organ	ization	□ Civ	vic Group
Number of Employe	es:					
Are you the building	/property o	wner? Yes:	☐ No: ☐			
Have you been in th	e City for a	at least 1 year?	? Yes: N	o: 🗌		
II. SIGN INFORMA	TION					
Business Signage (check one)		No permanent business sign			Existing sign is dilapidated or weathered	
III. TYPE OF SIGN:	(CHECK ON	E)		,		
☐ Illuminated	☐ Non- Illuminated ☐		☐ Cabinet	Pole		☐ Monument
Channel Letters	Channel Letters					
IV. OTHER TYPE O			•	K ALL T	HAT APPL	_Y)
*(Must obtain written permission from property owr				Landscaping		
V. APPLICATION I	NFORMAT	ΓΙΟΝ				
Applicant Name:			Business N	Name:		
Applicant Address:			Apt./ Suite	Apt./ Suite:		
City:			State/ ZIP:			
Applicant Phone:	Home.		Cell.			

Owner Information:					
Owner Name:		Business Name:			
Owner Address:		Apt./ Suite:			
City:		State/ ZIP:			
Owner Phone	Home:	Cell:			

VI. OWNER/APPLICANT DECLARATIONS

The undersigned hereby declares under penalty of perjury that he/she is the legal owner of the property. The undersigned also assumes the responsibility for this application and agrees to enforce and abide by any conditions of approval in the implementation and exercise of the granted entitlement.

DATE	OWNER SIGNATURE
	OWNER NAME (Print)

The undersigned hereby declares under penalty of perjury that he/she is the tenant/lessee of the legal owner of the property described above and has the authority to make such application for approval.

DATE	. APPLICANT SIGNATURE	
	APPLICANT NAME (Print))

Please complete and return application to: City of Hawaiian Gardens

Community Development Department Attn: Celina Estrada, Administrative Technician 21815 Pioneer Blvd.

Hawaiian Gardens, CA 90716