



Permit # BBAN-_____-_____
Expiration Date:_____

TEMPORARY SIGN PERMIT

**\$25.00 FEE
(Non-Refundable)**

Community Development Services
Building Division
220 E. Mountain View Street, Suite A
760-255-5161
www.barstowca.org

DATE OF APPLICATION: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

NAME OF APPLICANT: _____ **PHONE:**(_____) _____

NAME OF PROPERTY OWNER: _____ **PHONE:**(_____) _____

TYPE OF TEMPORARY SIGNAGE REQUESTED:

BANNER (Maximum Permitted One (1))

BANNER TO READ:_____

LOCATION OF BANNER:_____

PROMOTIONAL FLAG(S) (Maximum Permitted Two (2))

FLAG(S) TO READ:_____

LOCATION OF PROMOTIONAL FLAG(S):_____

INFLATABLE DEVICE (Maximum Permitted One (1))

DESCRIPTION OF DEVICE:_____

LOCATION OF INFLATABLE DEVICE:_____

HANDHELD SIGN (Maximum Permitted One (1))

SIGN WILL READ:_____

LOCATION OF WHERE HANDHELD SIGN WILL BE DISPLAYED:

OTHER TEMPORARY SIGN(S)

DESCRIPTION OF SIGN(S):_____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PERMIT APPROVAL (Office Use Only)

APPROVED WITH THE FOLLOWING CONDITIONS:

- PERMIT IS GOOD FOR 90 DAYS OR LENGTH OF SPECIAL PROMOTION, WHICHEVER IS LESS.
- ALL TEMPORARY SIGNAGE MUST BE ATTACHED APPROPRIATELY SUCH THAT NO HARM IS DONE TO ANY PERSON OR PROPERTY.
- ALL SIGNAGE MUST REMAIN ON THE BUSINESS' PRIVATE PROPERTY. NO SIGNS SHALL BE INSTALLED OR DISPLAYED IN THE CITY'S RIGHT-OF-WAY.
- HANDHELD SIGNAGE MUST NOT BE DISPLAYED IN THE PUBLIC RIGHT-OF WAY AND SHALL NOT CONSTITUTE A HAZARD TO VEHICULAR AND PEDESTRIAN TRAFFIC.

Authorized Signature

Date