



IR Sign Program Application

Project Name: _____

ProjectAddress(s): _____

APN ('s): _____

Company Name: _____

Contact: _____ Phone: _____

Address: _____

Email: _____

Owner: _____

Company Name: _____

Contact: _____ Phone: _____

Address: _____

Email: _____

Signature of Owner: _____ Date: _____

Or Letter of Agency required.

Signature of Applicant: _____ Date: _____

This application to be submitted with one hardcopy and one digital copy of a detailed description of the sign program requested. Incomplete submittals will delay the processing of your request. Sign Programs are reviewed and approved administratively at staff level.

Staff Signature: _____ Date: _____

IR#: _____

Please note that once this document is submitted to the City of Sacramento, your information may be subject to the Public Records Request Act. However, the City will not sell your data or information for any purpose.