

STAFF USE ONLY
GL: 103413100 Dist Code: 311

FEE:
\$100 FOR FIRST SIGN + \$50 FOR EACH
ADDITIONAL SIGN



SARATOGA
SPRINGS
PLANNING

Applications submitted before 12:00 p.m. on Tuesday will be discussed at an internal Development Review Committee (DRC) meeting on the following Monday. First round of comments anticipated complete after 10 business days.

**PERMANENT SIGN PERMIT APPLICATION
UPDATED JANUARY 2021**

PROJECT NAME: _____

Property Owner: _____ **Contact Person:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____ **E-mail:** _____

Applicant / Authorized Agent: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____ **E-mail:** _____

Business Owner: _____ **Contact Person:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____ **E-mail:** _____

Location or address of proposed sign: _____

Area of sign (Square Feet): _____ **Height of sign (feet)** _____

Sign Illumination: Yes No **Number of Signs:** _____

If illuminated sign, hours the sign will be illuminated: _____ **Foot Candle measurement:** _____

(This information must be included on the plans)

Supporting Materials

In an effort to provide the best service and most efficient review of your application, no planning application will be accepted unless the application is determined to be complete, containing all items on the application checklist. Submit the signed application and supporting materials to Planning@SaratogaSpringsCity.com. Please contact the Planning Department Administrative Assistant at 801-766-9793 x155 with questions.

Plans will be routed for review the first business day after they are accepted. Once routed, most applications will receive a response within 10 business days. A Comment Review Meeting (CRM) may be scheduled 10 business days after the plans are routed and are generally held Thursday mornings. Reviews may require additional time for large projects or those with complex circumstances; in these instances the City will notify the applicant of the extended review period.

STAFF USE ONLY:
 Anticipated review of 10 business days Anticipated review of more than 10 business days

19.18.13. Permit Process.

2. **Permanent Signs.** Permanent signs allowed in this chapter shall follow the permit process below:
 - a. **Application.** An application shall be submitted to the Planning Director.
 - i. The application shall contain:

Applicant	City Staff	<i>Please check the applicable box to indicate the materials have been included with the application.</i>
		1. Application form.
		2. Application fee of \$100 for first sign + \$50 for all additional signs.
		3. Signature of the applicant and property owner or manager on the application form, or a letter of consent from the property owner or manager.
		4. Scaled drawings of all proposed signage. Drawings must indicate the dimensions and sizes, materials, method of illumination, colors, structural information, and any other pertinent information.
		5. Scaled site plan showing the location of proposed signage on the site. Signs may not be located in the clear view triangle as described in 19.06.11 of the Land Development Code.
		6. Scaled elevations showing the location of proposed signage on any building or structure.
		7. Scaled drawings of proposed signage and signed application in pdf format.

Please refer to Chapter 19.18 of the Land Development Code for all design requirements and regulations.
<http://www.saratogaspringscity.com/DocumentCenter/View/710/1918-Sign-Regulations>

APPLICANT ACKNOWLEDGMENT:

I hereby certify that I have read the information contained in this application form and that I have provided the required application materials.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

APPLICANT CERTIFICATION:

I certify under penalty of perjury that this application and all information submitted as a part of this application are true, complete and accurate to the best of my knowledge. I also certify that I am the owner of the subject property and that the authorized agent noted in this application has my consent to represent me with respect to this application. Should any of the information or representations submitted in connection with this application be incorrect or untrue, I understand that the City of Saratoga Springs may rescind any approval, or take any other legal or appropriate action. I also acknowledge that I have reviewed the applicable sections of the Saratoga Springs Land Development Code and that items and checklists contained in this application are basic and minimum requirements only and that other requirements may be imposed that are unique to individual projects or uses. Additionally, I agree to reimburse the City of Saratoga Springs all amounts incurred by the City in excess of the base fee required by the Consolidated Fee Schedule to review and process this submitted application and agree to comply with Resolution No. R 08-21 and R 11-22. I also agree to allow the Staff, Planning Commission, or City Council or appointed agent(s) of the City to enter the subject property to make any necessary inspections thereof.

Property Owner's Name: _____

Property Owner's Signature: _____ Date: _____

Applicant's Name: _____

Applicant's Signature: _____ Date: _____