



**CITY OF SANGER**  
Development Services Department  
Building Department  
1700 7<sup>th</sup> Street  
Sanger, California 93657  
(559) 876-6300

**COMMERCIAL MINOR SIGN PERMIT**

Applicants name: \_\_\_\_\_ Valuation: \_\_\_\_\_  
Square footage of sign: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Site address: \_\_\_\_\_ Tenant's Name: \_\_\_\_\_  
Owners Name: \_\_\_\_\_ Type of Sign: \_\_\_\_\_  
Signature of applicant applying for Sign Permit: \_\_\_\_\_

\*Provide attached drawings of sign.  
\*All sign permits require planning dept approval.

**AUTHORIZATION OF AGENT TO ACT ON PROPERTY OWNER'S BEHALF**

I hereby authorize the following person (s) to act as my agent (s) to apply for, sign, and file the documents necessary to obtain an commercial minor sign permit.

Scope of Construction Project (or Description of Work): \_\_\_\_\_

Project Location or Address: \_\_\_\_\_

Name of Authorized Agent: \_\_\_\_\_ Tel No \_\_\_\_\_

Address of Authorized Agent: \_\_\_\_\_

I declare under penalty of perjury that I am the property owner for the address listed above and I personally filled out the above information and certify its accuracy.

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_