CITY PROJECT #:	
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Community Development Department

2100 Thousand Oaks Boulevard • Thousand Oaks, CA 91362 Planning Division • Phone 805/449.2323 • Fax 805/449.2350 • www.toaks.org Building Division • Phone 805/449.2500 • Fax 805/449.2575 • www.toaks.org

APPLICATION FOR DESIGN REVIEW, UNIFORM SIGN PROGRAM (USP), OR MODIFICATION THERETO

NOTICE! ONLY COMPLETE SUBMITTALS WITH ACCEPTABLE PLANS WILL BE PROCESSED.

- ALL plans submitted must be 11" x 17" and collated into bound sets. (Please include three sets of plans for design review or two copies of the sign program for the USP.)
- Please respond to ALL items on this form.

I. PROJECT INFORMATION				
Type of Application:				
Property Location (street address and/or location description):				
Request/Remarks:				
II. PROPERTY OWNER INFORMATION				
Name:				
Company/Organization (if applicable):				
Mailing Address:				
City/State/Zip:				
Phone: (Email:				
III. PROJECT COORDINATOR (if applicable)				
Name:				
Company/Organization (if applicable):				
Mailing Address:				
City/State/Zip:				
Phone: ()				
IV. PERSON/ENTITY WORK BEING COMPLETED FOR (if different from owner)				
Name:				
Company/Organization (if applicable):				
Mailing Address:				
City/State/Zip:				
Phono: () Empile				

V. AFFIDAVIT*		
I declare under penalty of perjury, that I (circle one) property owner, attorney of the authority from the property owner for the correct, and that I am legally authorized	he property owner, or person with pove e property listed above, and that the f	ver of attorney or other oregoing is true and
Executed at (city)	, California, this	day of
	·	
Printed Name and Title	 Signature	

*IF THE PROPERTY OWNER/APPLICANT is a Corporation, the names, addresses and titles of all officers of the Corporation shall accompany this application. If the property owner/applicant is a General Partner, the name and address of all General Partners shall accompany this application.

