



# CITY OF LA CAÑADA FLINTRIDGE SIGN POSTING PERMIT APPLICATION

Permit No. \_\_\_\_\_

Issue Date: \_\_\_\_\_

NAME OF ORGANIZATION	
INDIVIDUAL REQUESTING PERMIT	
ORGANIZATION ADDRESS	
PURPOSE OF BANNER	

ORGANIZATION PHONE NO.		REQUESTOR'S PHONE NO.	
ORGANIZATION FAX NO.		REQUESTOR'S E-MAIL:	

SIZE OF SIGN BANNER ( 3 x 8 MAX & PREFERRED- IF OTHER, SPECIFY)	3 x 8? YES <input type="checkbox"/> , IF NO __ FEET HIGH x __ FEET LONG	
COLOR (BACKGROUND & PRINT)	BACKGROUND _____ PRINT _____	
METHOD OF POSTING (USE PLASTIC TIES THRU GROMMETS- OTHERS DESCRIBE)		
DATES REQUESTED (7 DAYS MAXIMUM)	FROM	TO
1st CHOICE		
2nd CHOICE		
COMMENTS		

*I have read City Resolution No. 04-34 and hereby agree to its terms. I further agree and understand that violation of the procedures and provisions could result in suspension of future permits for up to one year.*

SIGNATURE OR RESPONSIBLE PARTY		DATE	
APPROVED <input type="checkbox"/>	FROM	TO	
DENIED <input type="checkbox"/>			

CITY OF LA CANADA FLINTRIDGE STAFF	DATE OF REVIEW
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SIGNS **MAY BE HUNG** FROM 9:00 AM TO 5:00PM ON ANY DAY FOR WHICH THE PERMIT HAS BEEN APPROVED.  
 SIGNS **MUST BE REMOVED** BY 9:00 AM FOLLOWING THE LAST DAY FOR WHICH THE PERMIT HAS BEEN APPROVED.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT  
 THE CITY OF LA CAÑADA FLINTRIDGE ADMINISTRATION DEPARTMENT  
 AT 818-790-8880