



City of Gilroy
COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING DIVISION
7351 Rosanna Street, Gilroy CA 95020
(408) 846-0451 (408) 846-0429 (fax)
www.cityofgilroy.org

File # _____

Encompass # _____

TEMPORARY BANNER APPLICATION

Business Name: _____

Business Address: _____

City Business License #: _____

Applicant is: Contractor Business Owner Property Owner

Applicant: _____ Phone Number: _____

Applicant Address: _____

Number of Banners: _____ (3 maximum at one time)

Banner Dimensions (in feet): List separately if more than one banner

Height: _____ (feet) x Width: _____ (feet) = SF: _____

Height: _____ (feet) x Width: _____ (feet) = SF: _____

Height: _____ (feet) x Width: _____ (feet) = SF: _____

Total square footage (sf) of all temporary banners: _____ sq. ft.

Banner Posting Period:

Start Date: _____ End Date: _____

Submittal Requirements:

All items shall be clear, legible and accurately scaled or dimensioned and include the following:

- A. Detailed elevation of temporary banner, showing:
 - Dimensions
 - Sign copy and size
 - Banner materials
 - Method of attachment
- B. Schematic building elevation showing
 - Dimensions of building (including width and height)
 - Location of existing sign(s) and proposed banner(s) (including distance from ground and top of building)
- C. Site plan showing
 - Tenant space location
 - Location of proposed banner(s)

Filing fee for Temporary Banner permit:

Per Display Period \$50.00 (each)

I hereby certify that the information in the application package submitted is complete and correct to the best of my knowledge and acknowledge that Temporary Banners cannot be attached with exposed bracing, guy wires or cables pursuant to Prohibited Sign section 30.37.30(a)(27) and Temporary Banners must be securely fastened to the building on all sides to comply with Prohibited Sign section 30.37.30(a)(3) which prohibits "objects designed to move in the wind":

Applicant Signature: _____ Date: _____

Applicant Name/Title: _____ Phone Number: _____

PLANNING DIVISION USE ONLY

Date Filed: _____ Fees: _____ Received By: _____

Prior Banner Dates / # Days Remaining For This Calendar Year: _____

Check One: Approved Denied Staff Determination: _____