



Date Received _____
By _____
Fee _____
Case # _____

## OFF-SITE RESIDENTIAL TEMPORARY SIGN

(Print Legibly)

Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person/Representative \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Location of signs :

	Assessor Parcel Number(s)	Address	Cross Street
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

1. Property Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_

2. Property Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_

3. Property Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_

4. Property Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_

**Town of Yucca Valley  
Community Development Department  
58928 Business Center Dr  
Yucca Valley, CA 92284  
760 369-6575 Fax 760 228-0084**

Display will be placed on the above property on the following dates:

From: \_\_\_\_\_ To: \_\_\_\_\_

Said display shall be removed entirely on or before the last date specified above.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please provide a description of the proposed signs that includes size, number, location and color:

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Include the following with your application:

1. Vicinity map: Show the location of the signs in Yucca Valley
2. Plot plan: Show the location of the signs on each of the properties, include all setbacks from the right of way.