

City of Cannon Beach

SIGN VARIANCE REQUEST APPLICATION

Please fill out this form completely. Please type or print.

| Applicant Name: | | |
|-------------------|--|--|
| | | |
| Mailing Address: | | |
| | | |
| Telephone: | | |
| | | |
| Business Name: | | |
| Talanhanai | | |
| Location Address: | | |
| | | |
| | | |

SIGN VARIANCE REQUEST:

1. Description of sign variance that is being sought.

2. Description of the proposed sign. Also, attach a scale drawing of the proposed sign indicating the dimensions, location, any structural elements of the proposed sign, as well as the size and dimensions of any other sign(s) located on the applicant's building or property, the color of the sign, the size and type of the sign's letters, and the material of which the sign is to be constructed.

- 3. Justification of the sign variance request. Explain how the request meets each of the following criteria for granting a sign variance.
 - a. The variance would permit the placement of a sign with an exceptional design, style or circumstance.*

- * NOTE: Sign variance applications must be reviewed by the Design Review Board prior to the Planning Commission hearing and consideration. The Design Review Board will make a recommendation to the Planning Commission.
- b. The granting of the variance would not be detrimental to abutting properties.

c. The granting of the variance would not create a traffic or safety hazard.

Use extra sheets, if necessary, for answering the above questions.

Fee: \$500.00

| Applicant Signature: | Date: | |
|-----------------------------|-------|--|
| Property Owner Signature: _ | Date: | |

If the applicant is other than the owner, the owner hereby grants permission for the applicant to act on his/her behalf. Please attach the name, address, phone number, and signature of any additional property owners.

As Property Owner, my signature or an authorized applicant's signature, allows any duly authorized employee of the City to enter upon all properties affected by this permit for the purpose of follow-up inspection, observation, or measurement.

For Staff Use Only:

| Received on: | Ву: |
|--------------|--------------|
| Fee Paid: | Receipt No.: |

Fee:

(803) Planning \$500 (Last revised March 2021)