



City of Barstow
 220 E Mountain View Street, Suite A
 Barstow, CA 92311
 Ph: 760-255-5161

BSIG- _____

Review Fee: **\$48.41**

Application Date: _____

SIGN REFACE FORM FOR PERMANENT SIGNS

Applicant Name (sign user): _____

Name of Business: _____

Phone No.: _____

Email: _____

Mailing Address: _____

Property Owner Name: _____

P/O Phone NO.: _____

P/O Email: _____

P/O Mailing Address: _____

*NOTE: Property Owner must sign affidavit below.

Contractor's Name / DBA _____

Mailing Address _____

State License # _____

Classification _____

Expiration _____

Phone No.: _____

Email: _____

Worker's Compensation Carrier (Include Copy of Cert.) _____

Policy # _____

Expiration _____

Site Address: _____

Legal Address: _____

Zoning: _____

Value of Reface: \$ _____

REFACE SIGNATURE BLOCK: The undersigned applicant certifies that the permanent sign permit # _____ (original permit number) has not changed in size, location, and method of attachment and requests that the permit be renewed for _____ (new business name). I understand that if the dimensions, size or framing change, a new sign permit must be applied for by my business. Furthermore, I am aware that if the sign location changes, I may need to obtain a new permit.

Printed Name of Sign User

Signature of Sign User

Date

Property Owner Printed Name

Signature of Property Owner

Date

City Approval BY: _____

Signature and Title

Date

Final Inspection Required

Application packet may be submitted via email at building@barstowca.org

Sign Reface Application – FY2024