



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 to include: One (1) image of current sign & one (1) image of new sign reface.**

Application packet may be submitted via email at [building@barstowca.org](mailto:building@barstowca.org)

Sign Reface Application – FY2024