TEMPORARY CONDITIONAL USE PERMIT
APPLICATION FOR NONPROFIT SIGNS

TCUP No.

1. Name of Nonprofit: _____
2. Address of Nonprofit: _____
3. Telephone number of Nonprofit: _____
4. Nonprofit 501(c) number: _____
5. Name of contact person: _____
6. Telephone number of contact person: _____

DATE OF EVENT: _____

I, _____, declare under penalty of perjury, that I have completed this application and all other documents to the best of my ability, and all statements and documents are true and correct to the best of my knowledge. Ii also declare under penalty of perjury that I am the legal authorized agent of the above organization involved in this application.

_____	_____	_____
Date	**Signature** of representing agent	**Printed** name of representing agent

(Pursuant to Zoning Ordinance Section 17.38.070, the City Planner may refer this application to the Planning Commission for consideration.)

The Following documentation must be attached to the application:

1. **An agency authorization from the Nonprofit designating an Agent (person to be issued the Permit).**
2. **A current copy of the nonprofits agency's 501(c) status.**
3. **A list of the location(s) of the sign(s) including addresses or APNs.**
4. **A picture or drawing of the sign including dimensions and content of the sign.**
   The sign must clearly indicate that the named nonprofit organization is sponsoring the event.

Applications without items 1 through 4 are deemed incomplete and cannot be accepted for submittal.

The following regulations pertain to sign placement:

1. The sign must clearly indicate that the named nonprofit organization is sponsoring the event.
2. One sign per site/parcel.
3. The sign(s) shall not be placed in any public-right-of way (Public Right-of-Way is typically 10-11 feet behind the face of the curb).
4. Signs may not be attached to trees or other landscaping, fence posts or utility poles.
4. Signs shall not obstruct sight line visibility at drive aisles, streets or intersections.
5. Signs must be removed no later than 7 days following the event.
7. Must comply with all local, state, federal laws, rules, conditions and regulations.

PLEASE ALLOW 10 BUSINESS DAYS FOR PROCESSING

For a complete copy of the City of Visalia Sign Ordinance, please visit our website at:
www.ci.visalia.ca.us

AGENCY AUTHORIZATION

OWNER:

I, _____, declare as follows:
(Owners Name)

I am the owner of certain real property bearing assessor's parcel number (APN):

_____ _____

_____ _____

_____ _____

AGENT:

I designate _____, to act as my duly authorized
(Agent's Name) (Please type or print)

agent for all purposes necessary to file an application for, and obtain a permit for

TCUP FOR NONPROFIT EVENT SIGNAGE
(Action Sought)

relative to the property mentioned herein.

I declare under penalty of perjury the foregoing is true and correct.

Executed this _____ day of _____, 20_____.

OWNER	AGENT
_____ (Signature of Owner)	_____ (Signature of Agent)
_____ (Owner Mailing Address)	_____ (Agent Mailing Address)
_____	_____
_____ (Owner Telephone)	_____ (Agent Telephone)

APPROVED:
CITY OF VISALIA

By: _____ Date: _____
(Signature)

*NOTE: OWNER'S SIGNATURE MUST BE NOTARIZED. Attach acknowledgment of signature(s) by Notary Public.

Temporary Signs for Nonprofits - **The issuance of this temporary use permit is based upon the applicant having assured the City that all of the property owners have agreed to the placement of signs consistent with this permit on their private property. This permit in no way allows the placement of any signage in the public right-of-way (typically 10 to 11 feet behind the face of curb is public right-of-way). Signs found in violation of this requirement may be subject to removal.** _____initials

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

I, _____, declare under penalty of perjury, that I have completed this application and all other documents to the best of my ability, and all statements and documents are true and correct to the best of my knowledge.