



Community Development Department
1 Plaza, PO Box 667
Patterson, CA 95363
209.895.8020
email: planning@pattersonca.gov
www.pattersonca.gov

SIGN PERMIT

This information is provided as a guide to assist you in the preparation of the application for a **Sign Permit**. The regulations are intended to appropriately limit the placement, type, size, and number of signs allowed within the City and to require the proper maintenance of signs.

Application Submittal

An application for a Sign Permit shall be filed by the property owner or their representative/agent on forms prescribed for this purpose. The application shall be submitted to the Planning Department, 1 Plaza, 2nd Floor, Patterson, CA 95363.

ALL APPLICATIONS FOR SIGN PERMITS MUST BE ACCOMPANIED BY THE MATERIALS SPECIFIED ON THE ATTACHED PAGE. THE APPLICATION MAY BE REJECTED OR RETURNED TO THE APPLICANT IF ANY PORTION OF THE REQUIRED MATERIAL IS FOUND TO BE MISSING AT THE TIME OF OR SUBSEQUENT TO SUBMITTING THE APPLICATION. ADDITIONAL INFORMATION MAY BE REQUIRED BY THE PLANNER DURING THE REVIEW OF THE APPLICATION.

Building Permits/Business License

Application for a Sign Permit does not constitute an application for a building permit. Separate building permit applications are required prior to any installation/construction.

Application for a Sign Permit does not constitute an application for a City Business License. Please apply for a City Business License at City Hall, 1 Plaza, Patterson, CA 95363, First Floor (Finance Department)

PLEASE SUBMIT YOUR APPLICATION TO:

CITY OF PATTERSON

PLANNING DEPARTMENT

1 PLAZA, 2ND FLOOR

PATTERSON, CA 95363

OR BY EMAIL: planning@pattersonca.gov



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SIGN PERMIT APPLICATION

Project/Business Name

Project/Business Location:

Applicant Name

Mailing Address/City/State/Zip

Phone Number

Email

Property Owner

Mailing Address/City/State/Zip

Phone Number

Email

Zoning District:/Assessor Parcel Number (APN):

of Existing Signs/New Signs

Sign Contractor/Business Name: _____ **License#** _____

Address/City/State/Zip: _____

Phone: _____ **Email:** _____

PLANNING PERMIT #: _____ **BUILDING PERMIT #:** _____

CITY BUSINESS LICENSE #: _____



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SUBMITTAL:

- SIGN PERMIT APPLICATION**
- ASSESSOR PARCEL MAP** – Marked with project location
- PHOTOGRAPHS** – existing buildings, existing signage, and surrounding area
- THREE (3) COPIES OF PLANS for the signs that includes**
 - Site Plan, drawn to scale containing the following information:**
 - Dimensions of subject property, lot lines and existing driveways
 - Streets adjoining the subject property
 - Existing buildings and structures
 - Setback dimensions of existing and proposed signs
 - Existing off street parking, loading and circulation areas
 - Location of the proposed signs
 - Dimensioned drawings of proposed sign (s) indicating height, width, lighting source, color and materials
 - **ATTACHED SIGNS:**
 - Dimensioned elevations of building(s) and occupancy frontage(s) including proposed location of sign on frontage
 - **FREESTANDING SIGNS:**
 - Dimensioned elevations of the free standing sign
 - Dimensions of subject property, lot lines, and existing driveways
 - Setback dimensions of existing and proposed sign(s)
 - Existing off-street parking, loading, and circulation areas
 - Location of all proposed signs
 - Show all property lines and setback to proposed sign(s)
 - **MASTER PLAN PROGRAM:**
 - Applicant is required to submit a copy of the approved program for this site with this application, if one already exists



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- **Number of proposed new attached signs shown on plans** _____
- **Number of existing attached signs shown on plans** _____

FRONTAGE: Number of occupancy frontages _____
(Maximum number of one sign per frontage)

AREA: 1st Occupancy Frontage _____ Proposed sign area _____sq.ft
(Maximum area is 300 sq.ft per tenant frontage)

2nd Occupancy Frontage _____ Proposed sign area _____sq.ft

3rd Occupancy Frontage _____ Proposed sign area _____sq.ft
(1st floor allowance cannot exceed one sq. ft. for each linear foot of building frontage)
(2nd floor allowance is one-half of first floor allowance)

- **Number of proposed free-standing signs shown on plans** _____
- **Number of existing free-standing signs on property** _____
(show on plans)

FRONTAGE: Number of street frontages

AREA: Street Frontage _____ft.

HEIGHT: Proposed Sign Size _____sq.ft.
Dimensions _____ft. _____in. X _____ft. _____in.
(Max free-standing sign height is 8")

SETBACK: Distance from property line as shown on site plan _____



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FEES:

- SINGLE SIGN** \$113.00
- MULTIPLE SIGNS** \$272.00
- MASTER PLAN SIGN** \$675.00

NOTE: The above fees are for Planning Review only and do not include Building Department fees or City Business License fees.

SIGNATURES:

The above information as well as the plans and materials submitted herewith in support of this application are, to the best of my/our knowledge, true and correct.

APPLICANT: _____ **DATE:** _____

PROPERTY OWNER: _____ **DATE:** _____



City of Patterson

1 PLAZA
PO Box 667
Patterson, CA 95363
(209) 895-8030
buildingclerk@pattersonca.gov

Office Use Only

Application Date: _____

Customer# _____

PERMIT # _____

WMP to P.W. _____

APPLICATION FOR BUILDING PERMIT

Project Valuation: \$ _____

Building Type: Commercial Industrial Residential Other: _____

Description of Work: _____

Address of Work: _____ Patterson, CA 95363

Is Property in a SFHA (Special Flood Hazard Area)? _____

Property Owner: _____ **APN:** _____

Address: _____ Phone: _____

City: _____ Zip: _____ Email: _____

Primary Contractor: _____ Phone: _____

Address: _____ Contractor Lic #: _____ Local Lic# _____

City: _____ Zip: _____ Email: _____

Applicant: _____ Date: _____

Applicant Address: _____ Phone: _____

Project Contact Person: _____ Phone: _____

Print Name and Title

Fax: _____ Email: _____

PLEASE REVIEW THE FOLLOWING ITEMS PRIOR TO SUBMITTING APPLICATION

1. **Residential Projects:** 3 sets of plans & 2 sets of all supporting documents (i.e. Structural Calcs, Energy Calcs, Truss Calcs, etc) and 1 electronic submittal(USB or Dropbox Link) is required.
2. **Commercial Projects:** 3 sets of plans, 2 sets for Structural Calcs, and 2 sets of all other supporting documents (i.e. Energy Calcs, truss Calcs, etc.) and 1 electronic submittal(USB or Dropbox Link) is required.
3. A plan check deposit maybe required with this application.
4. This application, in which no permit is issued, will expire in 12 months from today's (submittal) date.
5. If this building is intended to be licensed by Dept of Health Services (i.e. OSHPD3), you are required to submit concurrently to OSHPD for their review and approval.
6. No inspection will be performed prior to issuance of the Building Permit.

APPLICANT SIGNATURE

DATE

LICENSED CONTRACTOR DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code and that my contractor's license is in full force and effect and that all of the information provided by me regarding this is true and correct. I also affirm under penalty of perjury that my Worker's Compensation Declaration or Certificate of Exemption from Worker's Compensation Insurance and lender agency information are true and correct.

Signed _____ Dated _____

Print Name of Signer _____

License# _____ License Class _____

WORKER'S COMPENSATION DECLARATIONS

I hereby affirm that I have a certificate of self-insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3000, Lab. C).

Policy# _____ Company _____

Certified copy is hereby furnished

Certified copy is filed with the building inspection department of the City of Patterson

Applicant Signature _____ Dated _____

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from provisions of the Contractor's License Law (Chapter 9 of Division 3 of the Business and Profession Code) because: (check applicable statement)

A. I am the owner of the above property and I will contract to have all of the work performed by licensed contractors.

B. I am the owner of the property and the work will be partially accomplished in accordance with Statement "A" and the other work will be accomplished in accordance with Statement "C".

C. I am the owner of the above property and I will perform all the above work personally or through my employees whose sole compensation will be wages, and the above described structure is not intended or offered for sale.

Applicant Signature _____ Dated _____

Print Name of Signer _____

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California.

Applicant Signature _____ Dated _____

NOTICE TO APPLICANT: If after making this Certificate of Exemption you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Cir. C).

Lender's Name _____

Lender's Address _____

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL CITY AND COUNTY ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

Applicant or Agent Signature _____ Date: _____

Sign Lighting

NRCC-LTS-E (Created 03/2021)

CALIFORNIA ENERGY COMMISSION

**CERTIFICATE OF COMPLIANCE**

NRCC-LTS-E

This document is used to demonstrate compliance with requirements in [§110.9](#), [§110.12](#), [§130.0](#), [§130.3](#), [§140.8](#), and [§141.0\(b\)2M](#) for sign lighting scopes using the prescriptive path. Exit signs and traffic signs are not required to comply with prescriptive requirements per exceptions to [§140.8](#) and do not need to complete this compliance document.

Project Name:	Report Page:	Page 1 of 3
Project Address:	Date Prepared:	

A. GENERAL INFORMATION

01	Project Location (city)	
02	Climate Zone	
03	<input type="checkbox"/> Building is a healthcare facility	

B. PROJECT SCOPE

Table Instructions: Include any illuminated signs that are within the scope of the permit application and are demonstrating compliance using the prescriptive path outlined in [§140.8](#) or [§141.0\(b\)2M](#) for alterations. Exit signs and traffic signs are not required to comply with prescriptive requirements per exceptions to [§140.8](#) and do not need to complete this compliance document. WARNING: Changing the Compliance Method in this table will result in the deletion of data previously input. If you need to change the compliance method, please open a new form or use "Save As".

01	02	03	04	05
Name or Item Tag	Complete Sign Description	Sign Status ¹	Sign Type	Compliance Method ²

¹FOOTNOTE: Sign alterations that increase the connected lighting load, replace and rewire more than 50% of the ballasts, or relocate the sign to a different location must comply with [§140.8](#). See [§141.0\(b\)2M](#) for more details.

²The ENERGY VERIFIED Label compliance method is only applicable if the sign has a permanent, factory-installed, ENERGY VERIFIED label certified by UL or comparable, confirming the sign complies with [§140.8](#). Note that using an ENERGY VERIFIED label is an optional compliance path, not a mandatory requirement. See the tool tips for this table for more details.

C. COMPLIANCE RESULTS

Table Instructions: If any cell on this table says "DOES NOT COMPLY" or "COMPLIES with Exceptional Conditions" refer to Table D. for guidance.

01	02	03	04	05	06	07
Name or Item Tag	Complete Sign Description	Total Allowed (Watts)	≥ Total Designed (Watts)	OR Compliant Light Sources	OR ENERGY VERIFIED Label	Compliance Results
(See Table B)	(See Table B)	(See Table F)	(See Table F)	(See Table G)	(See Table H)	
			≥	OR		DOES NOT COMPLY
Controls Compliance (See Table F/G/H for Details)						DOES NOT COMPLY

Sign Lighting

NRCC-LTS-E (Created 03/2021)

CALIFORNIA ENERGY COMMISSION

**CERTIFICATE OF COMPLIANCE**

NRCC-LTS-E

Project Name:

Report Page:

Page 2 of 3

Project Address:

Date Prepared:

D. EXCEPTIONAL CONDITIONS*This table is auto-filled with uneditable comments because of selections made or data entered in tables throughout the form.*

No exceptional conditions apply to this project.

E. ADDITIONAL REMARKS*This table includes remarks made by the permit applicant to the Authority Having Jurisdiction.***F. MAXIMUM ALLOWED LIGHTING POWER AND CONTROLS***This Section Does Not Apply***G. LIGHT SOURCES AND CONTROLS***This Section Does Not Apply***H. ENERGY VERIFIED LABELED SIGNS AND CONTROLS***This Section Does Not Apply***I. DECLARATION OF REQUIRED CERTIFICATES OF INSTALLATION***Table Instructions: Selections have been made based on information provided in previous tables of this document. If any selection needs to be changed, please explain why in Table E. Additional Remarks. These documents must be provided to the building inspector during construction and can be found online at https://www.energy.ca.gov/title24/2019standards/2019_compliance_documents/Nonresidential_Documents/NRCI/*

YES	NO	Form/Title	Field Inspector	
			Pass	Fail
<input checked="" type="radio"/>	<input type="radio"/>	NRCI-LTS-01-E - Must be submitted for all buildings.	<input type="checkbox"/>	<input type="checkbox"/>

J. DECLARATION OF REQUIRED CERTIFICATES OF ACCEPTANCE*There are no Certificates of Acceptance applicable to sign lighting requirements.*

Sign Lighting

NRCC-LTS-E (Created 03/2021)

CALIFORNIA ENERGY COMMISSION



CERTIFICATE OF COMPLIANCE

NRCC-LTS-E

Project Name:

Report Page:

Page 3 of 3

Project Address:

Date Prepared:

DOCUMENTATION AUTHOR'S DECLARATION STATEMENT	
I certify that this Certificate of Compliance documentation is accurate and complete	
Documentation Author Name:	Documentation Author Signature:
Company:	Signature Date:
Address:	CEA/ HERS Certification Identification (if applicable):
City/State/Zip:	Phone:
RESPONSIBLE PERSON'S DECLARATION STATEMENT	
I certify the following under penalty of perjury, under the laws of the State of California:	
<ol style="list-style-type: none"> 1. The information provided on this Certificate of Compliance is true and correct. 2. I am eligible under Division 3 of the Business and Professions Code to accept responsibility for the building design or system design identified on this Certificate of Compliance (responsible designer) 3. The energy features and performance specifications, materials, components, and manufactured devices for the building design or system design identified on this Certificate of Compliance conform to the requirements of Title 24, Part 1 and Part 6 of the California Code of Regulations. 4. The building design features or system design features identified on this Certificate of Compliance are consistent with the information provided on other applicable compliance documents, worksheets, calculations, plans and specifications submitted to the enforcement agency for approval with this building permit application. 5. I will ensure that a completed signed copy of this Certificate of Compliance shall be made available with the building permit(s) issued for the building, and made available to the enforcement agency for all applicable inspections. I understand that a completed signed copy of this Certificate of Compliance is required to be included with the documentation the builder provides to the building owner at occupancy. 	
Responsible Designer Name:	Responsible Designer Signature:
Company :	Date Signed:
Address:	License:
City/State/Zip:	Phone: