



Overall Sign Plan

The OVERALL SIGN PLAN (OSP) provides for discretionary review of the specific design and layout pertaining to overall sign plans.

THIS PACKAGE CONTAINS _____

- ✓ SUBMITTAL REQUIREMENTS
- ✓ APPLICATION

AND, IF ✓'D, ALSO CONTAINS _____

AGREEMENT FOR PAYMENT OF PROCESSING FEES

[Click to download Agreement to Pay form](#)

PLAN AND MAP REQUIREMENTS

[Click to download Site Plan and Topographical Map Requirements](#)

BOARD OF ARCHITECTURAL REVIEW (BAR) APPLICATION

[Click to download Board of Architectural Review Sign Application](#)

South County Office

123 E. Anapamu Street
Santa Barbara, CA 93101
Phone: (805) 568-2000
Fax: (805) 568-2030

Energy Division

123 E. Anapamu Street
Santa Barbara, CA 93101
Phone: (805) 568-2040
Fax: (805) 568-2522

North County Office

624 W. Foster Road, Suite C
Santa Maria, CA 93455
Phone: (805) 934-6250
Fax: (805) 934-6258

Website: www.sbcountyplanning.org

SUBMITTAL REQUIREMENTS**Cities Sphere of Influence**

Is the site within a city sphere of influence? ** Yes No

If yes, which city? _____

___ 2 Copies of Application Form

___ 2 Copies of a site (plot) plan. Include the following information:

- ___ Scale and north arrow.
- ___ Name and address of applicant.
- ___ Name of Shopping Center.
- ___ Name and address of land owner.
- ___ All property lines.
- ___ Names of all adjacent streets.
- ___ All existing and proposed structures.
- ___ Location of all existing and proposed signs with dimensions from property lines.

[Click to download Site Plan and Topographical Map Requirements](#)

___ 2 Copies of elevations of the proposed signs. Include the following information:

- ___ Scale of drawing
- ___ Dimensions and height of signs.
- ___ Existing, proposed and possible future wall signs on building facade with dimensions of signs and building facade.
- ___ Materials, colors and illumination of all signs.

___ 2 Copies of the proposed signs (information should include the dimensions, materials, colors, and where the sign is illuminated).

- ___ a) Typical sign dimensions
- ___ b) Letter styles, height
- ___ c) Sign materials and shapes
- ___ d) Color of letters and background (includes samples)
- ___ e) Method of illumination
- ___ f) Scale of drawing

___ 1 Color photos of existing and proposed sign locations

___ 1 Names and addresses of all known tenants

___ 1 Check Payable to Planning & Development.

___ 1 Agreement to Pay Form

[Click to download Agreement to Pay form](#)

** If additional information is needed regarding location of a City's Sphere of Influence, please contact our zoning information counter.

NOTE: All plans must be drawn to scale and folded to 8-1/2 x 11 inches.



PLANNING & DEVELOPMENT

PERMIT APPLICATION

SITE ADDRESS: _____

ASSESSOR PARCEL NUMBER: _____

PARCEL SIZE (acres/sq.ft.): Gross _____ Net _____

ZONING: _____

COMPREHENSIVE/COASTAL PLAN DESIGNATION: _____

Are there previous permits/applications? no yes numbers: _____

(include permit# & lot # if tract)

Did you have a pre-application? no yes if yes, who was the planner? _____

Are there previous environmental (CEQA) documents? no yes numbers: _____

Project description summary: _____

1. **Financially Responsible Person** _____ Phone: _____ FAX: _____
(For this project)

Mailing Address: _____
Street City State Zip

2. **Owner:** _____ Phone: _____ FAX: _____

Mailing Address: _____ E-mail: _____
Street City State Zip

3. **Agent:** _____ Phone: _____ FAX: _____

Mailing Address: _____ E-mail: _____
Street City State Zip

4. **Arch./Designer:** _____ Phone: _____ FAX: _____

Mailing Address: _____ State/Reg Lic# _____
Street City State Zip

5. **Engineer/Surveyor:** _____ Phone: _____ FAX: _____

Mailing Address: _____ State/Reg Lic# _____
Street City State Zip

6. **Contractor:** _____ Phone: _____ FAX: _____

Mailing Address: _____ State/Reg Lic# _____
Street City State Zip

I hereby certify to the best of my knowledge, the information contained in this application and all attached materials are correct, true and complete.

Signature

Print name/date

COUNTY USE ONLY

Case Number: _____ Companion Case Number: _____

Supervisorial District: _____ Submittal Date: _____

Applicable Zoning Ordinance: _____ Receipt Number: _____

Project Planner: _____ Accepted for Processing _____

Zoning Designation: _____ Comp. Plan Designation _____