



# 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
- ✓ INDEMNIFICATION AGREEMENT

## 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](#)

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**South County Office**  
123 E. Anapamu Street  
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**Energy Division**  
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**North County Office**  
624 W. Foster Road, Suite C  
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Phone: (805) 934-6250  
Fax: (805) 934-6258

Website: [www.sbcountyplanning.org](http://www.sbcountyplanning.org)

**SUBMITTAL REQUIREMENTS**

**Military Land Use Compatibility Planning Requirements**

Is the site located in an area with any military uses/issues?  Yes  No  
 Please review the website to determine applicability. <http://cmluca.gis.ca.gov/>. This requirement applies to all General Plan Actions and Amendments, and Development Projects that meet one or more of the following conditions:

- 1) Is located within 1,000 feet of a military installation,
- 2) Is located within special use airspace, or
- 3) Is located beneath a low-level flight path

Copy of report attached?  Yes  No

**Cities Sphere of Influence**

Is the site within a city sphere of influence?<sup>1</sup>  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

<sup>1</sup> If additional information is needed regarding location of a City’s Sphere of Influence, please contact our zoning information counter.

- 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](#)
- 1 Indemnification Agreement

**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?
Is this application (potentially) related to cannabis activities?
Did you have a pre-application?
Are there previous environmental (CEQA) documents?
Project description summary:

1. Financially Responsible Person
2. Owner:
3. Agent:
4. Arch./Designer:
5. Engineer/Surveyor:
6. Contractor:
(For this project)
Mailing Address:
Street City State Zip
Phone: FAX:
E-mail:
State/Reg Lic#

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:
Supervisory District: Submittal Date:
Applicable Zoning Ordinance: Receipt Number:
Project Planner: Accepted for Processing
Zoning Designation: Comp. Plan Designation

