



City of El Segundo

Planning and Building Safety
350 Main Street
El Segundo, CA 90245
310-524-2344; FAX: 310-322-4167
www.elsegundo.org

TEMPORARY SIGN PERMIT

Environmental Assessment No: _____ TSP No: _____

Date: _____

Please select one of the following Temporary Signs:

____ Special Event or Sale Signs up to 100 square feet in area for 30 days, which can be renewed up to 120 days.

____ Construction Signs up to 32 square feet in area for a maximum period of 6 months and the Director of the Planning and Building Safety Department may grant up to 3 separate six month extensions.

____ Announcement or Coming Soon Signs up to 100 square feet for a new development or business may be erected or maintained with a building permit no more than one year.

(Please be advised that signs greater than 500 square feet in area require City Council approval and additional time for processing)

Check one: Private property

Public property:

Applicant:

Name (print or type)

Phone

Fax

Address

Email

-

City/St/Zip

Signature

Check One: Owner Lessee

Agent

Property Owner:

Name (print or type)

Phone

Fax

Address

Email

City/St/Zip

Signature

Event Location: _____
Type of function: _____

Describe any temporary tents, generators, lighting, cooking, electrical gas, amplified sound, etc:

Dates/Days: _____
set-up
event
clean-up

Hours: _____
set-up
event
clean-up

Description of Event: **No. of people:** **Open to public:** **Closed to public:**

Provide a scaled and fully dimensioned Site Plan:

The site plan must include the proposed sign or sign locations. Include any proposed temporary tents, tables, fencing and other temporary structures, including lighting, cooking, food booths, parking, and shuttle drop-off areas. Show existing buildings, parking, streets, curb cuts, property lines, and north arrow).

<u>Date</u>	<u>Dept. Signature</u>	<u>Comments</u>	<u>Approval</u>	
			<u>Yes</u>	<u>No</u>
_____	Planning	_____		
_____	Building Safety	_____		
_____	Fire	_____		
_____	Recreation & Parks	_____		
_____	Police	_____		
_____	Public Works	_____		
_____	City Attorney	_____		
_____	Finance	_____		

Distribution: Original – Applicant Copies – All departments who approved File