



# City of Santa Barbara

## SIGN COMMITTEE (SC) RESUBMITTAL COVER SHEET

Date: \_\_\_\_\_  
Fee: \_\_\_\_\_  
Staff: \_\_\_\_\_

(For Subsequent Filings Only.)

PROJECT STREET ADDRESS: \_\_\_\_\_

DATE OF LAST ACTION: \_\_\_\_\_ SGN #: \_\_\_\_\_

**DESCRIBE REQUEST, LAST SC REVIEW AND CHANGES MADE SINCE THEN:**

*(Requests will not be accepted without a COMPLETE description of request and changes. Only the changes listed below will be considered for approval.)*

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FULL COMMITTEE	CONFORMING REVIEW
<input type="checkbox"/> <u>CONCEPT CONTINUED</u>	<input type="checkbox"/> <u>CONTINUED</u>
<input type="checkbox"/> <u>IN-PROGRESS</u>	<input type="checkbox"/> <u>FINAL</u>
<input type="checkbox"/> <u>FINAL</u>	<input type="checkbox"/> <u>REVIEW AFTER FINAL</u>
<input type="checkbox"/> <u>REVIEW AFTER FINAL</u>	☞ 2 copies of plans required at time of submittal.
☞ 2 copies of plans required at time of submittal.	

DATE: \_\_\_\_\_

NAME OF PERSON TO CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SIGNATURE OF PROPERTY OWNER/AUTHORIZED AGENT: \_\_\_\_\_