



Town of Paradise
5555 Skyway
Paradise, CA 95969
(530) 872-6291

Town of Paradise Commercial Sign Removal Program Application

Property Information

Physical Address of Sign to be removed _____

Property Owner's Name _____

Business Owner's Name (if different) _____

(If applicant is a tenant, please provide a Landlord's Consent affirming approval of the sign removal, and a copy of the lease.)

Property Owner's Mailing Address _____

Property Owner's Email Address _____

Property Owner's Cell Phone Number _____

Applicant's Tax ID _____

Contractor Information

Name of Contractor _____

(Contractor must hold a C-21 License – Building Moving and Demolition. To find a C-21 licensed contractor, refer to the attached list or visit www.cslb.ca.gov)

License Number _____

Removal Estimate _____

**Note – if the estimate is over \$10,000, three (3) bids must be provided.*

Certifications for Applicants

I understand that if my application is approved the Town of Paradise will work with my selected contractor to remove the sign on my property, and payment will be made directly to the contractor.

Applicant Signature and date

For Town of Paradise Use

Date Received _____

Contractor License Valid: Yes / No

Staff Approval _____