



City of Lynden

DESIGN REVIEW SIGN APPLICATION

DRB # _____

Applicant / Owner

Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Sign Company / Designer

Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Who is the primary contact for this project?

Applicant / Owner Sign Company / Designer

Project Location

Site Address: _____

Zoning Designation: _____

Signage Information (All sign applications must be accompanied by a criteria checklist)

Approximate Sign Location: _____

Sign Height: _____ Number of Signs: _____

Sign Dimensions: _____ Total Sign Square Footage: _____

Building Frontage: _____ Lighting Type: _____

Sign Colors: _____ Sign Materials: _____

Criteria Checklist Attached yes no

6 color copies of sign design required.

SUBMITTED BY: _____ DATE: _____

Design Review Meeting Date: _____

Design Review Comments / Notes: _____



City of Lynden

Design Review Criteria Checklist

This checklist is designed to provide the applicants with a clear understanding of the design criteria required for all signs located within the City limits.

Signs located within the City shall provide aesthetic benefits to the community through consistency in style, placement, scale and harmony with buildings, natural settings, and other signs, as well as to ensure the compatibility of signs with the architectural and historic qualities of Lynden.

The following checklist outlining the Design Elements for a sign(s) must be completed prior to the acceptance of a signage application and/or Design Review approval.

Applicant / Owner
 Designer

Architect
 Sign Company

Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Property Information

Sign Location (address): _____

Zoning Designation: _____

The following list indicates the number of elements required for a sign in each zone:

- | | |
|---|---|
| <input type="checkbox"/> CSL (Local Commercial Services) 5 | <input type="checkbox"/> RS or RM (Residential) 5 |
| <input type="checkbox"/> CSR (Regional Commercial Services) 4 | <input type="checkbox"/> ID or IBZ (Industrial Zones) 4 |
| <input type="checkbox"/> HBD (Historic Business District) 7 | |

Please check the appropriate boxes indicating each element used for the sign:

- | | |
|---|--|
| <input type="checkbox"/> Sandblasting | <input type="checkbox"/> Graphic Art |
| <input type="checkbox"/> Stained Glass | <input type="checkbox"/> Shadows / Outlining |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Dutch or European Graphics |
| <input type="checkbox"/> Border Accents | <input type="checkbox"/> Masonry Materials |
| <input type="checkbox"/> Frames | <input type="checkbox"/> Lettering Style (two or more fonts) |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Wrought Iron or Steel Brackets |
| <input type="checkbox"/> Hand Carving | <input type="checkbox"/> 3 or More Colors (no fluorescent) |

Applicant Signature: _____ Date: _____

Planning Department: _____ Date: _____