

Statement of Responsibility for Temporary Noncommercial Signs

The placement of temporary noncommercial signs within the City of Rocklin is subject to regulations established by the Rocklin Municipal Code Chapter 17 Zoning, Section 17.75 Signs on Private Property. It requires that: No signs shall be posted earlier than 45 days before the event to which they relate, and shall be removed no later than 5 days after the event concludes. No signs shall be greater than 16 square feet in area and 6 feet in height. No signs shall be posted in any city roadway rights-of-way or on city property. Signs shall be set back a minimum of 5 feet from any property line, and shall not be located within 15 feet of a fire hydrant, street sign, or traffic signal. At street intersections and driveways, no sign exceeding 30 inches in height shall be erected within the "clear view zone" as defined in Rocklin Municipal Code Section 17.75.120. To guarantee removal, a refundable deposit of \$500.00 will be paid to the Clerk's Office before any signs are posted.

Name of Individual and/or Event: _____

Date of Event : _____

Date Received: _____

The undersigned accepts responsibility for removal of any signs posted in reference to the above individual and/or event as stated above and in accordance with Rocklin Municipal Code Chapter 17 Zoning, Section 17.75 Signs on Private Property. If all signs are not removed by 5 days after the event to which they pertain, violations are punishable under the provisions in section 17.75.070 D. Temporary noncommercial signs. Signs shall only be placed on private property with the property owner's permission. If signs are not placed in allowable spaces, the city will remove the signs at the fee of \$25 per sign which will be charged against this deposit. Additionally, the undersigned will be responsible for the actual cost for any public property that is damaged due to signs placed in violation of 17.75.070 D. Temporary noncommercial signs. This fee was set by resolution 2023-163.

Name: _____ Phone Number: _____

Signature: _____

Date: _____

Make Refund Payable to: _____

Mail Refund to: _____

For City Staff Only

Date deposit received: _____

Paid via (circle one): Check # _____ Cash _____ Other _____

Payment received by: _____