



Sign Review Application

PO Box 13 | 751 W 4th Street | Kuna, ID 83634
 (208) 922-5546 | www.KunaCity.ID.gov

Kuna City Code (KCC) Title 5, Chapter 8, Part 17

Application shall contain the following:

Description	File Naming Convention	Submitted (✓/✗) (Staff Use Only)
Completed & Signed Sign Review Application	Sign Review Application	
Narrative describing the request/project	Narrative	
Site plan depicting property lines, adjacent sidewalks, right-of-way, landscaping, proposed signage location, and measurements/distance of all items	Site Plan	
Affidavit of Legal Interest if the individual submitting this application is not the Owner of Record; one (1) Affidavit is required for each Owner of Record	Affidavit(s)	
Rendering of proposed signage The following items are requirements of the renderings:	Rendering(s)	
<ul style="list-style-type: none"> • Complete text to appear on sign 		
<ul style="list-style-type: none"> • Size, color(s) & lettering style of all lettering 		
<ul style="list-style-type: none"> • Overall sign dimensions (base, wall area, background area, etc.) 		
<ul style="list-style-type: none"> • Construction materials 		
<ul style="list-style-type: none"> • Rendering of signage 		
<ul style="list-style-type: none"> • For wall signage, provide building elevations, wall dimensions, and scaled location of sign on building face 		

If the Director or their designee determine that an application is incomplete, they shall provide notice to the applicant of such deficiencies. In the event an applicant fails to provide the missing information within a period of 14 calendar days, the application shall be deemed to have expired, and will not be further processed by the City unless and until an entirely new application is submitted.

All File naming conventions shall be followed. In the event the file naming conventions are not adhered to the application submittal will be rejected.

Site Information

Parcel No. & Zone: _____

Address: _____

Business Owner Information

Name: _____

Address: _____

Phone: _____ Email: _____

Signage Company Information

Business Name: _____

Representative Name: _____

Address: _____

Phone: _____ Email: _____

Applicant Signature: _____ **Date:** _____

By signing, you affirm this form has been completed in its entirety and all supporting documents shall be uploaded within 14 days of receipt of the link provided by staff.

Please submit completed form to pzapplications@kunaid.gov.