



SIGN PERMIT APPLICATION
NON-REFUNDABLE APPLICATION FEES DUE AT TIME OF SUBMITTAL
APPLICATIONS IN PENCIL WILL NOT BE ACCEPTED

EFFECTIVE CODE IS 2010 FBC

ROW ID# _____ PMT# _____

TAX PARCEL NUMBER			
Tax Parcel Number		Sign Owner's Name	
Address		City	State Zip
Day Phone # :		Cell Phone # :	
E-Mail Address		Fax # :	
Billing Address for two year renewal fee:			
Fee Simple Titleholder (Owner of Property)		Address	
SIGN LOCATION:			
Number	Street Name	Legal Description	
City	Suite/Lot		
County	Zip		
WORK PROPOSED:		WORK TYPES:	
<div><input type="checkbox"/> Commercial<input type="checkbox"/> Residential</div> <div><input type="checkbox"/> New Work<input type="checkbox"/> Repair<input type="checkbox"/> Replacement</div> <div><input type="checkbox"/> Relocation<input type="checkbox"/> Temporary<input type="checkbox"/> Change of Copy</div> <div>Proposed Type of Sign(s)_____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div>		<div><input type="checkbox"/> Canopy<input type="checkbox"/> Ground Sign</div> <div><input type="checkbox"/> Marquee<input type="checkbox"/> Off Premises (Billboard)</div> <div><input type="checkbox"/> Projecting<input type="checkbox"/> Wall Sign</div> <div><input type="checkbox"/> Electronic Message Center<input type="checkbox"/> Banner</div> <div>Height_____Height_____</div> <div>Width_____Width_____</div> <div>Square Ftg_____Square Ftg_____</div>	
CONTRACTOR INFORMATION:			
License Holder		License #	Company Name
Phone # :		Mobile # :	Fax # :
Address		E-Mail Address for business use:	
SUBCONTRACTORS: Enter name & license number for each subcontractor			
ELEC	ARCH	ENG	OTHER
LICENSE #	LICENSE #	LICENSE #	LICENSE #
Owner/Contractor-Business for own use, occupancy & under \$75,000 [] – or- Rental/lease property []			

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I agree to allow County Personnel to enter upon this property to inspect development permitted by this application. **OWNER'S AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. **WARNING TO OWNER: Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. A Notice of Commencement must be recorded and posted on the job site before the first inspection. If you intend to obtain financing, consult with your lender or an attorney before commencing work or recording your Notice of Commencement.**
** I hereby declare that all information contained in this sign permit application is true and correct**

Date _____
Signature of Owner (or Authorized Agent - **for contractor permits only**)
STATE OF FLORIDA COUNTY OF _____
Affirmed and subscribed before me this _____ day of _____
_____ by _____
who is personally known to me or who has produced _____
as identification (type of ID)

Signature of Notary Public State of Florida

Print, Type or Stamp Name of Notary

Seal:

Date _____
Signature of Contractor (or Authorized Agent)
STATE OF FLORIDA COUNTY OF _____
Affirmed and subscribed before me this _____ day of _____
_____ by _____
who is personally known to me or who has produced _____
as identification (type of ID)

Signature of Notary Public State of Florida

Print, Type or Stamp Name of Notary

Seal:

WORKSHEET (PLEASE TYPE OR PRINT CLEARLY)

Property on Septic_____ or Sewer_____					
DECLARED PROJECT COST: (Include labor & materials) \$_____ .00					
EXISTING SIGN INFORMATION:					
TYPE_____	NUMBER_____	COPY AREA_____			
TYPE_____	NUMBER_____	COPY AREA_____			
TYPE_____	NUMBER_____	COPY AREA_____			
TYPE_____	NUMBER_____	COPY AREA_____			
TOTAL LOT FRONTAGE PER STREET (CORNER)					
Street Name_____		Width_____			
Street Name_____		Width_____			
Corner Lots: One ground sign per street and One wall sign per street					
ELECTRICAL INFORMATION:					
<input type="checkbox"/> Existing Service? <input type="checkbox"/> Upgrade Service? <input type="checkbox"/> Limited Use? <i>Number New/Altered Circuits</i> _____					
<input type="checkbox"/> New Service? <input type="checkbox"/> Disconnect/Reconnect? <input type="checkbox"/> Temporary Underground? <i>Electric Company:</i> _____					
Service Size: OLD Amps_____ Volts_____ Phase 1PH <input type="checkbox"/> 3PH <input type="checkbox"/> NEW Amps_____ Volts_____ Phase 1PH <input type="checkbox"/> 3PH <input type="checkbox"/>					
OFFICE USE ONLY:					
ZONING CLASSIFICATION_____			APPROVED BY _____		
Frontage for:	First 200 ft	One Use	Multi-Use		
	_____	X 1.5 X	2.5 _____		
	Over 200 ft	One Use	Multi-Use		
	_____	X .5 X	.5 _____		
Maximum Copy Allowed:		_____			
Minus Existing Copy: -		_____			
Available Copy: =		_____			
ANY DEVIATION FROM REVIEWED AND APPROVED SIGN(S) SHALL REQUIRE A NEW SUBMITTAL AND APPROVAL No sign shall be closer than 5ft to the property line No sign shall block visibility at intersections of streets or driveways					

Bonding Company Name_____ Address_____

Mortgage Lender's Name_____ Address_____

Arch's/Engr's Name_____ Address_____

*No lined or graph paper will be accepted

GATE CODE:
