MONUMENT/SIGN PERMIT APPLICATION

JOB/STREET ADDRESS: _______________________________________________________________________________________________

PARCEL #: ___________________________________ SUITE # (IF APPLICABLE) ___________________________________

LEGAL DESCRIPTION: SUBDIVISION ___________________________________ UNIT/BLOCK ___________ LOT ____________

SECTION______ TOWNSHIP_________ N/S, RANGE_________ E/W, SIZE OF PARCEL ______________

PROPERTY OWNER(S)/RENTER/TENANT _______________________________________ PHONE _______________________

MAILING ADDRESS _________________________________________ CITY _____________________ ST _________ ZIP ___________

BUILDER/CONTRACTOR _________________________________________ PHONE _______________________

MAILING ADDRESS _________________________________________ CITY _____________________ ST _________ ZIP ___________

LICENSE # & CLASS ____________________________________________

TYPE OF SIGN: □ DIRECTIONAL □ FREE STANDING □ WALL MOUNTED □ FLAG POLE

□ ILLUMINATED → WILL SIGN ILLUMINATION REQUIRE INSTALLATION OF NEW METER? YES NO

□ OTHER: _________________________________________________________

HEIGHT OF SIGN: ______________

# OF FACES: __________________

TOTAL SQUARE FEET OF SIGN: __________________

EXISTING USE: _________________________________________________________

PROPOSED USE: _________________________________________________________ (ex: Sign for Establishment Name)

DISTRICT OFFICE WHERE YOU WANT TO PICK UP PERMIT: FL ______ CG ______ AJ ______ OR ______

CONTACT PERSON (WHOM DO WE CONTACT WHEN PERMIT IS READY FOR PICKUP AND/OR QUESTIONS?)

NAME ______________________________________ PHONE ______________________________________

EMAIL _____________________________________________________________________________________________

I UNDERSTAND THAT APPROVAL OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL OF THE ACTUAL CONSTRUCTION.

I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION AND ALL RELATED SUBMITTALS ARE TRUE AND CORRECT.

PRINT NAME PLEASE ___________________________ SIGNATURE OF OWNER/ AGENT ___________________________ DATE OF APPLICATION ___________________________

SPECIAL CONDITIONS: ____________________________________________________________________________________________

FOR OFFICE USE ONLY

ADDRESS YES NO

AREA N S E W ZONING FEE ___________

ADDRESS FEE ___________

TYPE OF CONSTR. ___________

OCCUP. CLASS ___________

FLOODZONE ___________

NON-CONF ___________

SUBMITTAL FEE ___________

PLANS EXAMINER ___________

ZONING ___________

PLAN CHECK ___________

ACT. VALUATION ___________

CCO ___________

PERMIT FEE ___________

ECD DATE ___________

UPDATED: AUG 2019