

SIGN PERMIT APPLICATION FOR

ENTER WORDING TO BE DISPLAYED ON SIGN:
Business Name:
Business Address:
·
Business Telephone Number:
Business Email:
APPLICANT AND CONTACT INFORMATION
Applicant Name:
Applicant Address:
Applicant Telephone Number:
Applicant Email address:
PropertyOwner:
Address:
Talankana Muuskan
Telephone Number:
Email address:

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APPLICATION NUMBER

Sign Contractor:		
Address:		
•		
	SIGN TYPE	
□Ground Sign Wall Sign	□Change of Copy	□Neon Window Sign
□ Painted/Vinyl Window Sign	n □ Hanging Marquis Sig	gn
ATTACH THE	SE DOCUMENTS TO	THIS APPLICATION
☐ A site plan, sketch or drawing appropriate dimensions including	•	the proposed sign, to scale, with all sign.
		I sign and a statement describing how ocumentation supporting the colors of a
☐ A site plan, sketch or drawing of other existing and proposed s	<u> </u>	ne sign in the plaza including the location
☐ A letter of authorization from	the property owner/condo	association.
GROUND SIGN ONLY:		
☐ A site plan, sketch or drawing proposed construction.	g showing the landscape in	nprovements associated with the

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AFFIDAVIT

I,	, DO HEREBY SWEAR OR AFFIRM		
THAT ALL OF THE CORRECT TO THE B		NTAINED IN THIS APPLICATION AND THE A	ATTACHMENTS IS TRUE AND
PRINT YOUR NAME:			
Sign Your NAME: _			
DATE:			
THE FOREGOING	INSTRUMENT WA	AS ACKNOWLEDGED BEFORE ME THIS	DAY
OF	, 20	, BY	, WHO IS
PERSONALLY KN	OWN TO ME OR V	VHO HAS PRODUCED	
AS IDENTIFICATIO	ON AND WHO DID	TAKE AN OATH.	
NOTARY PUBLIC		Sign:	
		PRINT:	
		STATE OF FLORIDA AT LARGE SEAL	
		MY COMMISSION EXPIRES:	

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APPLICATION NUMBER

FEES
Permanent Sign: \$2.00 per square foot (\$75.00 Minimum)+ \$75.00 Inspection Fee=
Change of Copy: \$75.00 Inspection Fee = \$150.00
Dynamic Display: Window \$100.00 or Monument \$200.00 (additional fee)
Should you have any questions concerning this application, please call Planning and Zoning at 954-730-3050.
APPROVED APPROVED WITH CONDITIONS DENIED
Planning & Zoning: Date:

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