

Total Cost of Sign Improvement: \$ _____

TBS # _____

NAME OF BUSINESS _____

LOCATION _____

Bldg # _____ Unit #(s) _____ Subdivision / Center Name: _____

PARCEL I.D. NO. _____ - _____ - _____ - _____

Property Owner: _____

Phone #: _____ Fax #: _____

Email Address: _____

 Mailing Address: _____
Street Address City State Zip
Contractor's License No: _____ **Contact:** _____

Contractor: _____ **Phone #:** _____

 Mailing Address: _____
Street Address City State Zip

 Email Address: _____ **Fax #:** _____

Owner of Off-Site Sign : _____ **Phone #:** _____

 Email Address: _____ **Fax #:** _____

A. TYPE OF IMPROVEMENT

18 SIGN

CLASS OF BUILDING

05 MULTI FAMILY _____ units

07 HOTEL, MOTEL _____ units

08 DORMITORY _____ units

09 WAREHOUSE

13 SUBDIVISION

15 BUSINESS

17 CHURCH, OTHER RELIGIOUS

18 INDUSTRIAL

20 SERV. STATION, REP GARAGE

21 HOSPITAL, INSTITUTIONAL

22 OFFICE, PROFESSIONAL

24 PUBLIC UTILITY

25 SCHOOL, LIBRARY, EDUCATION

26 STORES, MERCANTILE

28 DAY CARE

30 MULTI - USE

33 OFF-SITE ADVERTISING SIGN

37 RESTAURANTS

B. OWNERSHIP
 PRIVATE

 PUBLIC

 CANOPY ROADS

 HISTORICAL

 PUD

 DOWNTOWN ZONING AREA

TYPE OF SIGN:
 Permanent

 On-Site

 Off-Site

 Directional

CHECK ALL THAT APPLY:
 New

 Addition

 Alteration

 Relocation

 Other _____

 Ground

 Wall

 Mansard

 Projecting

 Roof

 Illuminated

 Non-Illuminated

 Revolving

 New Electric

 Existing Electric

I understand that issuance of this permit shall in no way prevent the Building Official from later declaring said sign to be non-conforming if upon further review of information submitted with the application, or of newly required information, the sign is found not to comply with the requirements of the City of Tallahassee, Land Development Code. By signing of this permit, I agree to indemnify and hold harmless the City of Tallahassee for all damages, demands or expenses of every character, which may in any manner be caused by the sign or sign structure.

Contractor Signature or Contractor's Authorized Agent

Print Name

Date

APPLICATION CHECKLIST

- Owner's affidavit, with owner's signature notarized, designating a licensed contractor as the agent.
- Letter of approval from property owner and a copy of the lease stating your legal right to place a sign on a parcel if off-site advertising sign, or off-site directional sign.
- Two (2) Sets of Plans in accordance with TLDC 7-33(a)(4) "Plans indicating the scope and structural detail of the work to be done, including details of all connections, guy lines, supports and footings, and materials to be use." including:
 - Dimensions of sign
 - Elevation of sign
 - Means of attachment of sign
- Two (2) copies of site plan showing the following:
 - Location of proposed and existing signage.
 - Dimensions of property frontage, building frontage/bay(s)
 - Square footage of proposed and existing signage.
- Ground signs greater than 100 sq. ft require two (2) sets of signed and sealed engineered drawings, indicating compliance with the Florida Building Code.
- Electrical Permit for Illuminated Sign Electrical Connection TBE
- Lighting (illumination) details for sign including existing and / or proposed electric circuit, existing and / or proposed disconnect or switch.
- Will any trees be affected by the installation of sign? **Yes** **No**

| PROPERTY FRONTAGE | | | |
|-------------------|------------------|--------|--|
| | | | |
| (STREET NAME) | (CLASSIFICATION) | (FEET) | |
| | | | |
| (STREET NAME) | (CLASSIFICATION) | (FEET) | |
| BUILDING FRONTAGE | | | |
| | | | |
| (STREET NAME) | (CLASSIFICATION) | (FEET) | |
| | | | |
| (STREET NAME) | (CLASSIFICATION) | (FEET) | |

| <u>SIZE</u> | |
|---------------------------------|-----------------------------------|
| PROPOSED AREA _____ (sf) | AREA OF EXISTING SIGNS _____ (sf) |
| ELEVATION OF SIGN _____ (lf) | TOTAL AREA _____ (sf) |
| TOTAL ALLOWABLE AREA _____ (sf) | AREA REMAINING _____ (sf) |

Off-Site Sign Information must be completed in its entirety.

OFF-SITE SIGN INFORMATION: NEW ALTERATION

OFF-SITE SIGN COMPANY: _____

ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

PHONE: () _____ **CONTACT:** _____

TYPE OF SIGN: (CHECK ALL THAT APPLY)

- STATIC TRIVISION VARIABLE MESSAGE
 SINGLE FACE DOUBLE FACE

| Sign Face Orientation (Street Name) | Face 1 | Face 2 |
|--|---------------|---------------|
| | | |

Distance to next off-site sign (measured in both directions):

_____ • _____
DISTANCE (FT) DISTANCE (FT)

CERTIFICATE OF REMOVAL NUMBERS

| | |
|--|--|
| | |
| | |
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| | |
| | |

