



SIGN PERMIT APPLICATION

APPLICANT SERVICES
 (850) 891-7125
 FAX: 891-0948
BUILDING INSPECTION
 (850) 891-7050
 FAX: 891-7099

Mailing : 300 South Adams St., B-28
 Tallahassee, Florida 32301

www.talgov.com

Location: 435 N Macomb St.
 Tallahassee, Florida 32301

Total Cost of Sign Improvement: \$ _____ **TBS #** _____

NAME OF BUSINESS _____ Bldg # _____

LOCATION _____ Unit #(s) _____

PARCEL I.D. NO. _____ - _____ - _____ - _____ Subdivision / Shopping Center Name: _____

Property Owner: _____ Phone #: () _____

Mailing Address: _____

Street Address _____ City _____ State _____ Zip _____
 Email Address: _____ Fax #: () _____

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

B. OWNERSHIP

- PRIVATE
- PUBLIC
- CANOPY ROADS
- HISTORICAL
- PUD
- DOWNTOWN ZONING AREA

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

TYPE OF SIGN:

CHECK ALL THAT APPLY:

- Permanent
- On-Site
- Off-Site
- Directional
- 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)

SIZE	
PROPOSED AREA _____ (sf)	AREA OF EXISTING SIGNS _____ (sf)
ELEVATION OF SIGN _____ (sf)	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 DEMO

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

STAFF USE ONLY

TREE PROTECTION REQUIRED: YES NO

OTHER PERMITS REQUIRED: Electric Environmental

APPLICATION _____ PD WALL SIGN _____ (\$0.67 sq ft)	GROUND SIGN _____ (\$1.34 sq ft) OTHER _____
APPLICABLE BLDG CODE EDITION: <input type="checkbox"/> 2010 Florida Building Code	Training Surcharge \$ 2.50 _____ State Surcharge: \$ _____
BALANCE DUE \$ _____	

Additional notes:

Required	Date of 1st Rev	Date of 2nd Rev	Date of 3rd Rev	Final Approval
[] Zoning				ZNG
[]				ENV
[]				ELEC
[] Building				BLDG