



CITY OF INDIAN ROCKS BEACH
 1507 BAY PALM BOULEVARD
 INDIAN ROCKS BEACH, FL 33785
 Phone (727) 517-0404 Fax: (727) 596-4759

Permit No. _____

SIGN PERMIT APPLICATION

SUBMITTAL REQUIREMENTS:

- Site Plan showing location of sign (Free standing signs must be a minimum of 5 feet from any property line)
- Inventory of all existing signs on the same property and/or building on which sign is to be located
- Maximum and minimum height of the sign, measured from grade
- Dimensions and elevations (including the message and color) of the sign
- Construction and electrical specifications, for the purpose of enabling determination that the sign meets all applicable structural and electrical requirements of the Building and National Electric Codes

*All applications shall include detail drawings showing how the sign is to be constructed and secured. Signs shall have structural drawings signed and sealed by a licensed Florida engineer or architect.

NOTE: The permit fee will be tripled if work is started without an issued permit.

Wind load requirements should conform to the 2007 edition of the Florida Building Code

TOTAL VALUE OF NEW SIGNAGE: \$ _____ **Permit Fee** \$ _____

PROJECT ADDRESS _____

DESCRIPTION OF WORK: _____

Type of Sign: Free Standing Wall Sign

APPLICANT, PROPERTY OWNER AND AGENT INFORMATION:

APPLICANT (Business) NAME: _____

Mailing ADDRESS: _____

TELEPHONE NUMBER _____ FAX NUMBER: _____

PROPERTY OWNER(S) _____

TELEPHONE NUMBER(S): _____

AGENT NAME (contact person) _____

(please check if Agent is Contractor)

STATE LICENSE NUMBER OF CONTRACTOR: _____

Mailing Address: _____ TELE _____

I certify that all information submitted on this application and attachments thereto are true and correct to the best of my knowledge. I understand that any inaccurate information may result in revocation of the sign permit and removal of any sign erected pursuant to such permit. I will be responsible for the installation of the subject sign in accordance with the City of Indian Rocks Beach.

 Print Name of Contractor (or authorized representative)

 Signature

 Date

APPROVED YES NO _____
 Code Enforcement

 Building Official

 Date

 Amount Paid