



**CITY OF INDIAN ROCKS BEACH**  
**1507 BAY PALM BLVD. INDIAN ROCKS BEACH FL. 33785**  
**PHONE: (727) 595-2517 FAX: (727) 596-4759**  
**SIGN PERMIT APPLICATION**

APPROVED    DENIED   \_\_\_\_\_  
City of Indian Rocks Beach Official      Date

Permit Fee: \_\_\_\_\_

Permit required from Pinellas County  YES       NO  
If yes, deliver approved City of Indian Rocks Beach Sign permit to Pinellas County Building Services  
440 Court Street Clearwater, FL 33756. (727)464-3888

- 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
- Detailed 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.
- Wind load requirements should conform to the Florida Building Code
- Location Map with dimensions from all property lines of property lines of proposed sign

TOTAL VALUE OF NEW SIGNAGE: \$ \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

Type of Sign:     Free Standing       Wall Sign

**APPLICANT, PROPERTY OWNER AND AGENT INFORMATION:**

BUSINESS NAME: \_\_\_\_\_

MAILING ADDRESS : \_\_\_\_\_

PHONENUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PROPERTY OWNER(S) \_\_\_\_\_

PHONENUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

AGENT NAME (contact person) : \_\_\_\_\_

(please check if Agent is Contractor )

MAILING ADDRESS: \_\_\_\_\_

PHONENUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

STATE LICENSE NUMBER OF CONTRACTOR: \_\_\_\_\_

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