

Sign Permit Application

Date Received: _____

This application must be **typed or printed in black ink** and submitted with any required attachments to:

City of Palatka Building & Zoning
201 N 2nd Street
Palatka, FL 32177
PHONE: (386)329-0103 FAX (386)329-0172

TO BE COMPLETED BY APPLICANT		
1. Property Address:	2. Parcel Number:	
3. Owner Name:	4. Contract/Estimated Cost: \$	
5. Sign Type: <input type="checkbox"/> Pole Sign <input type="checkbox"/> Wall Sign <input type="checkbox"/> Temporary Sign <input type="checkbox"/> Wall Graphic <input type="checkbox"/> Face Change <input type="checkbox"/> Other	6. Signage is: <input type="checkbox"/> New <input type="checkbox"/> Existing 8. Will sign be illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Number of sides: 10. Square footage per side:	7. Required Attachments: <input type="checkbox"/> Site Plan showing location of proposed sign(s) on property and or building <input type="checkbox"/> Sign Plan showing dimensions/area of sign <input type="checkbox"/> Wind Load Calculations (if applicable) <input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Notice of Commencement (if job is greater than \$2,500) <input type="checkbox"/> Copy of Contractor's License (State or local occupational license accepted)
11. Briefly describe proposed work:		

Application is hereby made to obtain a permit to do the work and/or installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in the city of Palatka. I understand that a separate permit must be secured for electrical work if the sign is illuminated or requires electrical service.

AGENT/CONTRACTOR'S SIGNATURE: _____

Print or type Agent/Contractor Name: _____

Email address: _____

Address: _____ **State:** _____ **ZIP:** _____

Phone: _____ **Date:** _____

Sign Permit Application – Page 2

OWNER’S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

OWNER’S SIGNATURE: _____

Print or type Owner’s Name: _____

Address: _____ **State:** _____ **ZIP:** _____

Phone: _____ **Date:** _____

STATE OF _____

County of _____

Before me this day personally appeared _____ who executed the foregoing application and acknowledged to and before me that _____ executed this document for the purposes therein expressed.

WITNESS my hand and official seal, this _____ day of _____ A.D. _____.

Notary Public

My commission expires: _____ State of Florida at Large

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

FOR OFFICIAL USE ONLY	
Reviewed & approved by:	Date:
Fee:	