



Application for Sign Permit

St. Johns County Permitting Center
 4040 Lewis Speedway
 St. Augustine, FL 32084

For Building: 904.827.6800; Fax: 904.827.6849; E-mail: bldcodes@sjcfl.us
 For Planning: 904.209.0675; Fax: 904.209.0576; E-mail: plandept@sjcfl.us

Note: A separate clearance sheet is required for each ground sign

Date Contractor's License Number Overlay District

Please Print Valuation of Proposed Signage \$ (Labor and Materials) Property ID Number

Property Owner(s) Phone

Address Fax

City State Zip Code Phone

Are there any owners not listed No Yes If yes please list on separate sheet to be included with your application

Applicant Phone

Address Fax

City State Zip Code E-mail

Job Address

Name of Business

Please list below any applications currently under review or recently approved which may assist in the review of this application

Type of Proposed Signage (including existing and proposed)

Sign	Existing	New	Maintenance	Type	Height	Width	Sq. Ft.	Internally Illuminated	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes	<input type="checkbox"/> No

Size of Canopy Signs (if applicable) _____ Feet; _____ Inches; (Height) _____ Feet; _____ Inches; (Width)

Describe Type and Color of External Lighting

Provide National Recognized Testing Lab (NRTL) Number: _____

Owner's Affidavit: I certify that all forgone information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Warning to Owner: Your failure to record a "Notice of Commencement" may result in you paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or attorney before recording your "Notice of commencement".

Owner's Signature

Print Company's Name

By Owner's Agent (if any) (including Contractor)

Owner's Signature

Contractor's Signature

License Number

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____ as _____ for _____.

Notary Public, State of Florida
Name: _____
My Commission Expires: _____
My Commission Number is: _____

Personally Known ____ OR Produced Identification ____
Type of Identification Produced _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____ as _____ for _____.

Notary Public, State of Florida
Name: _____
My Commission Expires: _____
My Commission Number is: _____

Personally Known ____ OR Produced Identification ____
Type of Identification Produced _____

Official Use Only

Once the application is signed off by the Planning & Zoning Section it will be forwarded to the Building Services Division

Planning & Zoning Section

	<u>Signed</u>	<u>Date</u>
Incomplete Application		
Complete Application		
Zoning & Comp. Plan		
Approved / Disapproved		

Building Services Division

	<u>Signed</u>	<u>Date</u>
Incomplete Plans and Drawings		
Complete Plans and Drawings		
Approved		

FINAL APPROVAL: _____
Signature, Authorized County Official

Notice: Should the provisions of St. Johns County Ordinance No. 99-51, as amended, relating to the regulations of signage or sign permitting be found unconstitutional by a court of competent jurisdiction, this St. Johns county Sign Permit Application shall immediately revert to and become a BUILDING PERMIT under the State Minimum Building Codes, Chapter 553, Florida Statutes, as amended, and as duly adopted by St. Johns County through Ordinance enactment.