



OFF PERMISE SIGN APPLICATION

Santa Rosa County Community Planning, Zoning & Development Division
6051 Old Bagdad Highway
Milton, FL 32583

Phone: (850) 981-7075 or (850) 939-1259 Fax: (850) 983-9874
E-Mail: planning@santarosa.fl.gov Website: www.santarosa.fl.gov

****FOR OFFICIAL USE ONLY****

Application No. _____ -SP- _____	Date received _____
Fee _____	Receipt _____
Approval Date: _____	Zoning District _____

Please submit the following along with the complete application:

- _____ Fee of \$100.00 for all permanent signs
- _____ A drawing of sign showing all dimensions of the sign
- _____ Site Plan of property to scale showing property lines and placement of the sign with setbacks.
- _____ Legal description (or tax parcel I.D. number) of property on which the sign is proposed
- _____ Notarized Owner/Trustee authorization letter (for off-premise and subdivision signs)

-
- On-premise sign applications will be reviewed and approved or denied within three (3) working days of submittal of a COMPLETE application
 - Off-premise sign applications will be reviewed and approved or denied within five (5) working days of submittal of a COMPLETE application
 - This application is for Zoning Approval Only. Building Codes can possibly apply for the construction or erection of signs. For information regarding these codes and the possible requirements of a construction permit, contact the Building Department at: 850-981-7000.

Revised 04/18/2008

Name of Project: _____

Address of Project: _____

Tax Parcel Number _____ - _____ - _____ - _____ - _____ - _____ ZONED _____

CONTRATOR

Business Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Fax: _____

SIGN OWNER:

Business Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____

LAND OWNER:

Business Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Applicant/Representative Signature: _____

TYPE OF SIGN (See Article 8 - Land Development Code):

CIRCLE ALL THAT APPLY: Wall On Premise On Premise Shopping Center (7 OR MORE STORES)
On Premise Strip Center (2 TO 6 STORES) Subdivision Off Premise Off-Premise-Directional

State the number of Business spaces provided: _____

On/Off Premise and Subdivision Signs

Number of sign fronts _____ Height of Sign _____

Dimensions of sign _____ Total square footage _____

Front Setback: _____ Side Setback: _____

NOTE: setbacks are measured from the leading edge of a sign or supporting upright whichever protrudes farthest out towards the property line.

Off-Premise signs must be posted on the property and be visible from the right of way prior to the pre-approved site visit.

For off premise signs: When construction is completed, the sign application number must be permanently affixed in three (3) inch lettering visible from the road frontage.

Are there any **existing signs**, structures or portion of an existing sign on property at this time? If so please describe the conditions _____

Wall Signs

Dimensions of sign(s) _____

Street front elevation: Height of Building _____ Length of Building _____

For Office Use Only

Wall Sign Size Allowed (10%) _____ Used _____ Remaining _____

The Green laminated approval form from the Planning & Zoning Department must be posted & visible from the street front on the job site **BEFORE** any development may begin. If not posted - a citation may be issued.

After the sign has been erected or construction completed a request must be made to the Planning and Zoning Department for a **final inspection**. This is in addition to your final inspection by the Building Department.

THIS APPROVAL IS VOID AFTER 1 (ONE) YEAR IF CONSTRUCTION HAS NOT COMMENCED.

(TO BE COMPLETED FOR OFF-PREMISE SIGNS ONLY)

Owner/Trustee Authorization Letter

I declare and affirm that I am the Owner or Trustee of the real **property** (land) mentioned here:

(Tax Parcel ID Number)

located at: _____
(Street address if existing)

and have full authority to authorize:

(Name of person or company)

to submit a **Permanent Sign** Application for the aforementioned real property. I understand that sign construction is subject to Building Code and contractor competency requirements as administered by the Santa Rosa County Building Inspections Department.

(Print Name of Owner or Trustee)

(Your Street Address)

(City, State, Zip)

(Owner or Trustees Phone Number)

(Signature of Owner or Trustee)

(Date)

Notary _____
(Print Name)

Expiration Date of Seal _____

ID Produced _____

Personally Known _____

Notary Signature _____

Date: _____

Seal:

Comments: