



PERMIT #: _____

APPLICATION FOR:

- WINDOW SIGNAGE
- PARKING SIGNAGE

- NEW SIGN
- FACE CHANGES (ONLY WHEN PREVIOUS BUILDING PERMIT WAS GRANTED)
- TEMPORARY SIGNAGE

Job Address: _____

PCN# _____ - _____ - _____ - _____ - _____ - _____ - _____

Estimated Value of Signage \$ _____

Description of Signage *(Include TWO copies of visuals depicting location and size)*

Owner (Required)

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ (REQUIRED)

Tenant (Check if same as owner)

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ (REQUIRED)

Authorized Agent (If applicable)

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor (If applicable)

Company: _____ Phone: _____

Contact Name: _____ (REQUIRED)

Email Address: _____ (REQUIRED)

Address _____ State: _____ Zip: _____



PERMIT #: _____

TERMS

- APPLICANT IS HEREBY REQUIRED TO OBTAIN A BUILDING PERMIT TO INSTALL SIGNAGE AS INDICATED. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT ALL WORK BE PERFORMED TO MEET THE STANDARDS OF ALL CODES, LAWS, RULES, AND REGULATIONS IN THIS JURISDICTION. IF THE INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT, THREE TIMES THE AMOUNT OWED WILL BE ASSESSED.
- ISSUANCE OF THIS PERMIT DOES NOT AUTHORIZE VIOLATION OF DEED RESTRICTIONS **FEES ARE NOT REFUNDABLE**
- THIS PERMIT IS VOID AFTER 180 DAYS OR THE TIME LIMIT SET FOR ANY INDIVIDUAL SIGNAGE PERMIT, AS IS DETERMINED BY THE TOWN CODE OF ORDINANCES. ALL CONTRACTORS MUST HAVE VALID STATE CERTIFICATION OR COUNTY COMPETENCY PLUS COUNTY AND CITY BUSINESS TAX RECEIPTS PRIOR TO OBTAINING A PERMIT.
- ANY CHANGE IN PLANS OR SPECIFICATIONS MUST BE RECORDED WITH THIS OFFICE. ANY WORK NOT COVERED ABOVE MUST HAVE A VALID PERMIT PRIOR TO COMMENCEMENT OF WORK. IN CONSIDERATION OF GRANTING THIS PERMIT, THE OWNER, TENANT, AND CONTRACTOR AGREE TO ERECT THIS SIGNAGE IN FULL COMPLIANCE WITH THE ZONING CODES. MOUNTING, ELECTRICAL WORK, AND ANY OTHER BUILDING CODE RELATED WORK IS NOT COVERED UNDER THIS PERMIT; A SEPARATE BUILDING PERMIT IS REQUIRED.

SINAGE FEE CALCULATION

Type of Signage

Windows Signage:	\$50.00
Temporary Signage:	\$100.00
All other signage:	\$100.00 up to \$3,000 value or \$200 if more



PERMIT #: _____

TENANT OR AGENT OR OWNER **Box 1** *(If tenant or agent applies see Box 3)*
CONTRACTOR **Box 2** *(Attach copy of contract if Box 1 is not signed by owner)*
OWNER AFFIDAVIT **Box 3** *(Only use if tenant/agent applies on owners behalf)*

I certify that the foregoing information is accurate and that all work will be done in compliance with all applicable codes, laws, rules, and regulations governing construction/installation and zoning. I understand that I am taking full responsibility and am liable for all work related to this permit. I understand that there will be a minimum of one final inspection required in order to close out the permit and that failure to comply with the requirement will result in an expired permit and Code Enforcement action.

1 TENANT OR AGENT OR OWNER

Signature of Tenant or Agent or Owner **(CIRCLE ONE)**

Print Name

SWORN TO OR AFFIRMED before me this ____ day of _____, 20____.

By: _____

() who has produced as identification
 () whom I know personally

STATE OF FLORIDA
 PALM BEACH COUNTY

(Seal)

2 CONTRACTOR

Signature of Contractor **(IF APPLICABLE)**

Print Name

SWORN TO OR AFFIRMED before me this ____ day of _____, 20____.

By: _____

() who has produced as identification
 () whom I know personally

STATE OF FLORIDA
 PALM BEACH COUNTY

(Seal)

3 OWNER COMPLETE AND SIGN BELOW IF TENANT OR AGENT APPLIES ON OWNERS BEHALF

OWNER AFFIDAVIT

I, _____ (“Property Owner”), of _____ (“Applicant”), (“Address”), authorize _____ to apply for and receive a signage permit for my property located at _____. I understand that there will be a minimum of one final inspection required in order to close out the permit and that failure to comply with the requirement will result in an expired permit and Code Enforcement action.

Signature of Owner

STATE OF FLORIDA
 PALM BEACH COUNTY

(Seal)

Print Name

SWORN TO OR AFFIRMED before me this ____ day of _____, 20____. By: _____

who has produced as identification whom I know personally