

**CITY OF VALPARAISO**

**APPLICATION FOR SIGN PERMIT**

Application is hereby made for a sign permit to accomplish the work as herein described in accordance with plans and/or specifications submitted herewith. It is agreed that all corrections in plans and /or specifications necessary for compliance shall be observed and all pertinent laws and ordinances of the City of Valparaiso regulating signs and sign construction shall be complied with in the pursuit of this work whether or not specified herein. I understand that a separate permit must be secured for electrical work.

Date \_\_\_\_\_ Is owner applicant? Y/N \_\_\_\_\_ Zoning Approval Y/N \_\_\_\_\_

**Sign Location**

Street Address: \_\_\_\_\_ Apt.: \_\_\_\_\_ Zip: \_\_\_\_\_ Subdivision.: \_\_\_\_\_

Parcel No.: \_\_\_\_\_ Lot No : \_\_\_\_\_ Parcel Type: Residential \_\_ Commercial \_\_

**Owner Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Type of Sign:

Wall \_\_\_\_\_ Marquee \_\_\_\_\_ Freestanding \_\_\_\_\_ Banner \_\_\_\_\_ Other \_\_\_\_\_

On-Premise Sign \_\_\_\_\_ Yes \_\_\_\_\_ No

Sign Dimensions:

Height (from ground to top of sign) \_\_\_\_\_

Height (from ground to bottom of sign) \_\_\_\_\_

Width of Sign \_\_\_\_\_

Total Square Footage of Sign Single Sided \_\_\_\_\_

Total Square Footage of Sign Double Sided \_\_\_\_\_

Does the Sign meet Setback Requirements \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the Sign meet Wind load Specifications for the structural design \_\_\_\_\_ Yes \_\_\_\_\_ No

What is the wind speed used in the design calculations \_\_\_\_\_ mph

Required Attachments:

1. Sealed architectural or engineering drawings (to scale) and hand calculation of the sign to be constructed.
2. Drawing plans should include all exterior and interior dimensions and a cross-section of structural support members showing all thickness measurements for the members. Must include foundation details and concrete strength in PSI. For signs 32 square feet or less and/or less than 15 feet in total height above grade, an architect or engineer's seal will not be required.
3. Provide location of overhead power distribution lines and specify distance from leading edge of sign to said power lines. Clearance must meet distance specified in the National Electric Code. If approved sign is subsequently found to be in violation of clearance requirements, sign will be relocated at the owner's expense.
4. On-Premise Sign: A site plan (to scale) showing the sign location in relation to buildings on the property (both existing and proposed) with dimensions in feet from the sign to all buildings and right-of-ways. Also include designation and ROW widths of all adjacent roads and dimension(s) from property line to leading edge(s) of sign.

5. Off-Premise Sign: A site plan showing sign location relative to any existing, off-premises signs and distance from any intersections. Also include designation (names) and ROW widths of all adjacent roads and dimension(s) from property line to leading edge(s) of sign.

Permit: A permit will only be issued upon first acquiring site approval and presenting the necessary design data. Application for off-premise sign must include written permission from owner or control of the site, and where applicable, a "Right of Way" approval from FDOT, Form 575-070-04.

**Certification**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable city ordinances, codes, and state laws. In addition, if a permit for work described in this application is issued, I certify that the code official or the code officials authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS STATED IN IF IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
Signature of Applicant Phone No. Date

\_\_\_\_\_  
Responsible person in charge of work, title Phone No. Date

\_\_\_\_\_  
Approved By Date

**STATE OF FLORIDA COUNTY OF OKALOOSA**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
\_\_\_\_\_. Who is personally known to me OR who has produced identification \_\_\_\_\_  
\_\_\_\_\_. VERIFICATION PURSUANT TO § 92.525 FLORIDA STATUTES.

\_\_\_\_\_  
NOTARY PUBLIC – STATE OF FLORIDA

\_\_\_\_\_  
PRINT OR STAMP COMMISSIONED NAME OF NOTARY