

# SIGN PERMIT APPLICATION

## City of Melbourne, FL CODE COMPLIANCE

900 E. Strawbridge Ave.  
Melbourne, FL 32901  
(321) 608-7915  
(321) 608-7920 fax



Permit # \_\_\_\_\_

Entered by: \_\_\_\_\_

Application Date: \_\_\_\_\_

PLEASE PRINT LEGIBLY – INCLUDE STREET NUMBER/NAME, CITY & STATE

Project Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Zoning District: \_\_\_\_\_ Building Frontage: \_\_\_\_\_ Road Frontage: \_\_\_\_\_  
TWP: \_\_\_\_\_ RNG: \_\_\_\_\_ SEC: \_\_\_\_\_ SUB \_\_\_\_\_ BLK/PAR: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY: BREVARD  
Tax ID# \_\_\_\_\_

Owners Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sign Contractor's Firm: \_\_\_\_\_  
Qualifier's Name: \_\_\_\_\_ License # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Fee Simple Title Holder: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Engineer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Portable Sign: From: \_\_\_\_\_ To: \_\_\_\_\_

Description of Work: \_\_\_\_\_  
Value of Construction: \$ \_\_\_\_\_ UL Listing #'S \_\_\_\_\_  
Sign Branch Circuit Existing [ ] Yes [ ] No

**SUBMITTAL REQUIREMENTS**

Diagram/plot plan showing type of sign, aggregate sign area, height and location of all signs currently displayed on the premises  Diagram/plot plan showing type of sign, aggregate sign area, height and location of all signs proposed to be displayed on the premises  To scale site plan showing lot frontage, building frontage, parking areas, and location of all existing and proposed signs  **(For ground signs the site plan must show the distance from right-of-way and edge of pavement)**

**SIGN PLANS SHALL INCLUDE THE FOLLOWING:**

- \* A summary table listing the location, type and area of any existing and proposed signs
- \* A fully dimensioned and scaled elevation drawing of any proposed sign, showing sign type, height, structure and sign area
- \* For building signs, an elevation of the building, showing placement of any sign
- \* If the sign is to be electrically lighted, additional information regarding the testing laboratory or the ETL No., and the name, address, license number and signature of the electrical contractor
- \* Information regarding the type of construction, sign supports and electrical details
- \* Wind load calculations and footer details (engineered) as required by the Florida Building Code.

**SUB-CONTRACTOR INFORMATION:**

Electrical: \_\_\_\_\_ State Reg./Cert. No. \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT'S AFFIDAVITS**

Application is hereby made to obtain a permit to do the work and installation as indicated. The Building Code in effect at the time of this application is the Florida Building Code 2007 Edition. I understand that all permits require inspections as indicated. This permit application is valid for 180 days from date of submission.

I certify that **no** work or installation has commenced prior to the issuance of a permit.

By signing, applicant affirms that all above is true and correct and that he/she is an authorized agent of the Contractor/Owner and has the authority to apply for this permit.

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**

\_\_\_\_\_  
 OWNER'S/AGENTS SIGNATURE:  
 STATE OF FLORIDA  
 COUNTY OF BREVARD  
 The foregoing instrument was acknowledged  
 Before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 By \_\_\_\_\_ who is  
 Personally known to me, or has produced  
 \_\_\_\_\_ as identification  
 And who did not take an oath

\_\_\_\_\_  
 CONTRACTOR'S SIGNATURE:  
 STATE OF FLORIDA  
 COUNTY OF BREVARD  
 The foregoing instrument was acknowledged  
 Before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 By \_\_\_\_\_ who is  
 Personally known to me, or has produced  
 \_\_\_\_\_ as identification  
 And who did not take an oath

\_\_\_\_\_  
Notary as to Owner or Agent

\_\_\_\_\_  
Notary as to Qualifier

Seal

Seal